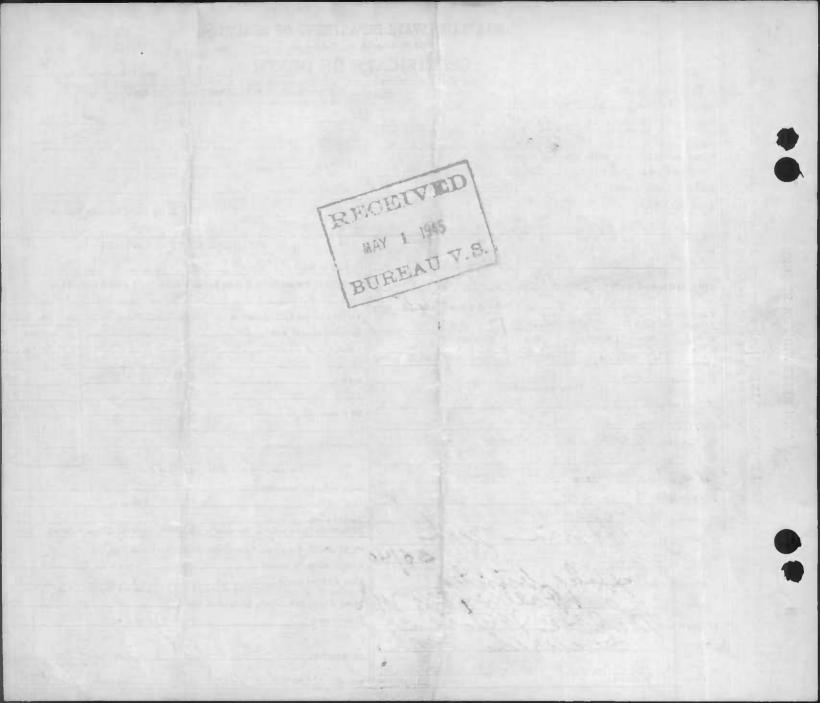
2411 N. Charles St., Baltimore 23-

04106

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Treuse Deorga	(For newborn infants give residence of mother)
City or fown (If outside city or fown limits, write RURAL and give nearest town)	State Md County States Floringe
How long in above place of death? Saleys	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No.
Cheuse Florge Jely Flosperal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	2 /b) C : 1 C '. N 1
anderson mrs. Bello.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
3	01/
- W married	20. DATE OF DEATH ()21 2 1945, 21 8720 P M
6.(b) Name of husband of wife anderson m. Gasil	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Jane 3 1977, 10 april 22 19.71
7. Birth date of deceased (mo., day, yr.) March 17 1866	and that i last saw a live on 19 14 7
8. AGE: Years Months Days It less than one day	Immediate cause of death
	lecebral thronton 10 days
79 /brs	
9. 8irthplace	Due fo
9. Sirinplace	DUC 10
1D. Usual occupation.	
11, Industry or business	Due to
MI Bu Plan	
	Dither conditions
13. Birthplace 3//.	(Include pregnancy within 3 months of death)
14. Maiden name Haveuhill Curva	(Include pregnancy within 3 months of death)
14. Maiden name / Autoutute / Common / Serthplace 9 //,	Major findings of operations.
	Date of op.
16. Informant Hacket Mrs. M.	Autopsy results
Address Grove Fund	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Children Child	42. VIOLENCE: If death was due to external causes, till in the following;
(Burint, cremation, or removal, Whise)	Accident, suicide, or homicide
-1 1 V2 / 18 2 / -2 / -1	
Cemetery or crematory	Where did injury occur?
Location a leading light Mile	gjured at home, farm, Industry, public place (where?)
17. Oh P ONA, Te 00	Means of Injury Injured at work?
18. Funeral director of the second se	01,101
Address Lawrel Md.	(1/ Just of p. 9. 2. 2. 2.
aprical us the	23. SIGNATURE M. D. or other
flyate rec'd by Jegistrar) 19 What was a second of the se	James mos 4/2 /45
Registrar (Address Date signed



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		8	Ţ	

2411 N. Charles St., Baltimore 464

CERTIFICATE OF DEATH

Reg. Dist. No. 230

City or town (If outside city town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Bessie Beel Ball	o. (v) buchas becamy stampes
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenser white married	20. DATE OF DEATH Abril 3 7 19 HS at 66, M
6.(b) Name of husband or wife Charle E. Bace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	acag = 1944 to +fpl 2 1945
7. Birth date of 2 years	and that I last saw h. e.s. alive on Chal 2 and 19 95
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Careinoma of Lever 1/40 +
63 0 14min.	
9. Birthplace (Town, county, and state)	Oue to
10. Usual occupation.	Due to.
11. Industry or business	4
12. Name	Other conditions & there believes 240+
K Street Garde	(Include pregnancy within 3 months of death)
I 19. Maiden name	Major findings of operations
15. Birthplace Ballinson	Date of op.
16. Interment Chas E. Bace	Antopsy results
Address Beneven Kerahlo	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
- A D' -/ (101/5	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Tasks Line Line	Where did injury occur?
Location Contrasse Cely and	Injured at home, farm, Industry, public place (where?)
18. Funeral director # Massafra Source	Means of Injury Injured at work?
Address And Marvilla and	Aftiguna
19. April 4th 19 45 John D. Smith	23. SIGNATURE M. D. or other Berwin 443/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04107

Reg. Diet. No. 243,

1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
(miral) Glenn Dale, Maryland	State De C. County
(If outside city or town limits, write RURAL and give nearest town)	Marchine or or or
How long in above place of death?	City or town
Glenn Dale Sanatorium	Street No. 2382 Champlain St. N. W.
How long in hospital or institution? 2 mos. 5 days	2.(a) If veteran, name war.
3 (a) FILL NAME	
ESTELLA BARNET'	7 S. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Married (separated)	
	20. DATE OF DEATH APRIL 28 1945, at 1:20P.M
6.(6) Name of husbaod or wife Pierce Barnett	21. I CERTIFY that death occurred on the dale above stated: that I attended deceased from
	Feb. 23 1945 to APRIL 28 1945
7. Birth date of deceased (mo., day, yr.) April 30, 1917	and that I tast saw h. ER. allve on APRIL 28. 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death
27 11. 29hrsmin.	LUMBINATION DENCORORS OF 1865
9. Birthplace Washington, Georgia	B Ia
(Towo, county, and state)	pue 10.
10. Usual occupation Cleaning Maid	Due to.
11. industry or business	DUE (U
里 12. Name. John T. Henderson	Other conditions
12. Name John T. Henderson 13. 81rthplace Washington, Georgia	
14. Malden name Daisy Norman	(Ioclude pregnancy within 3 months of death)
14. Malden name Daisy Norman 15. Birthplace Washington, Georgia	Major findings of operations.
	Date of op.
16. Informant Decedent	Aotopsy results
Address	
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory. to Wark.	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 1322: U. St. nw	0.11 0.
	23. SIGNATURE A CONSULTATION OF M. D. or other
19. Afr. 28 1845 Rouland of Plulps	At low Pale may be stand 4-28-45

MAY 4 1945 BUREAU V.S.

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Usince George	(For newborn infants give residence of mother)
City or town (If outside city by gown limits, write RURAL and give nearest town)	State County County
7 /.	(If outside city or to (n limits, write RURAL and give nesrest town)
How long in above place of death?	(If outside city or to in limits, write RURAL and give nesrest town)
1009/124, 1101/124/104, 01 01 01 01 01 01 01 01 01 01 01 01 01	Street No.
	(If rural, give LOCATION)
How tong In hospital or tnstitulion?	2.(a) if veteran, name war
Villiam Carly Bowl	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole white single	20. DATE OF DEATH Opul 5 19.45 21 8:00 A M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	18.35, to april 5 19.45
7. Birth date of	
deceased (mo., day, yr.) warch 12, 1877	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
68 0 23min.	
9. Birthplace. Transpure (Town, county, and state)	Due Io.
10. Usual occupation	
	Due to
11. Industry or business	
12. Name Cobert Jones 13. Birthplace many land	Other conditions
13. Birthplace many land	
14. Malden name margaret alice Early	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace Mengland	Date of op.
16. Informant Class Jowel	Autopsy results
Address Brandywine hid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Pile (11hid 1011)	22. YIOLENCE: It death was due to externat causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Drunity	Where did injury occur?
Location Maples Mapleons mod	Injured at home, farm, industry, public place (where?)
18. Funeral director first that sort	Means of Injury Injured at work?
(1) 1 al a la l	
5 11 0: 3	23. SIGNATURE CASSES J. Jane
19 april 5 1945 F. H. Gillingslee	M. D. or other
(Date rec'd by registrar) Registrar	Address Harestull le Date signed 4 - 5 - 4 2

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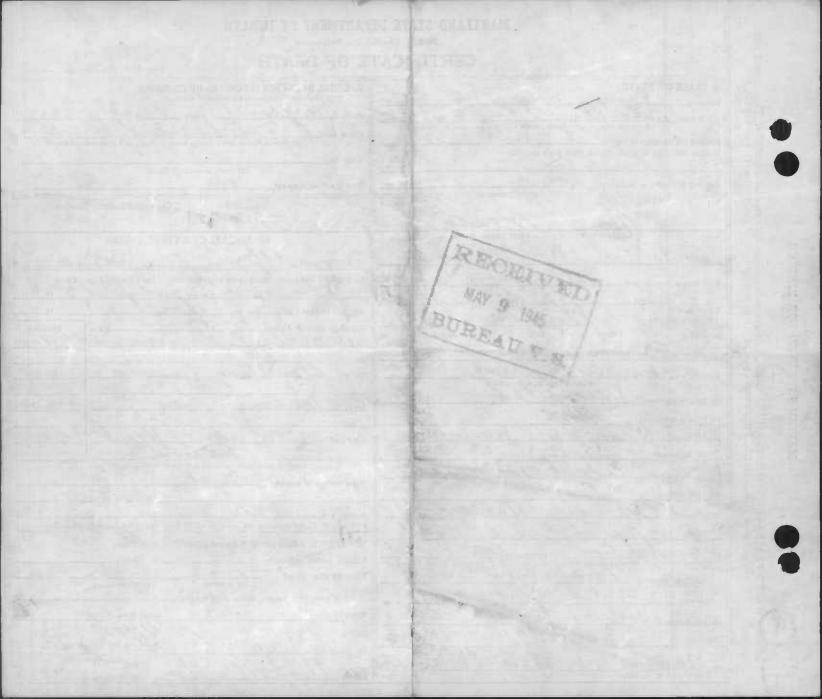


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1411)11943 Reg. Dist. No. 243

1. PLACE OF DEATH: County Prince Peargin	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
metabolicillo - BERT FER	State Maryland pounty Prince Pearge
(If outside city or town limits, write RURAL and give nearest town)	City or town Mutchelvill 13 F # 12
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mary Hella D	rown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Celared Married	20. DATE OF DEATH Offil 8 1945 at 10:05 M
6.(b) Name of husband or wife and below Brown	21. i CEBTIFY that death occurred on the date above stated; that I attended deceased from
	Jan, 10 1845 10 april 8 1945
7. Sirth date of years	and Mai I last saw h
deceased (mo., day, yr.) / september 20 1912	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Bronchial Pneumonia 4 days
32 6 19hrsmin.	
9. Birthplace (Town, county, and state)	Due to Aleandary answer 3 mores
10. Usual occupation. Hemetreff	Malnutriling 2 mous
11. industry or business	Due to
E 12. Name Jahr D. Ray	Other conditions Conservis Heart 6 months
12. Name D. Ray	Janet conditions
	(Include pregnancy within 3 months of death)
14. Malden name Addie Albrescher 15. Birthplace	Major findings of operations.
15. Birthplace	Date of on
18. Informant Mydrew Brown	Autopsy results. 20
Address mitchelsvill, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
to 17th paris 11 18165	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cromation, or removal, Which?) [Bule fhereof (day) (year)	Accident, suicide, or homicide
Cemejery or crematory Carklon north Carolina	Where did injury occur? (City or town) (County) (State)
mostl & capling a	
Location The Control of the Control	Injured of home, farm, industry, public placo (where?)
16. Funeral director Lordacre guntal Albert	Means of Injury Injured at work?
Address wood show the	James & Marian
Ob. 10 1/2 Louise H. Parl	23. SIGNATURE M. D. or other
19. (Date/ree'd by registrar) Registrar	Address Alpher Marlboro Ma signed 4-8-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please with the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(4111) Reg. Diat. No. 243

1. PLACE OF DEATH: George's	2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
	State D. C. Cou		
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	Machinetan		
How long in above place of death? 1 yra, 9 mos, 5 days	City or tewn	, write RURAL and give ne	arest town)
Hospital, Institution, or street address where death occurred:	Street No. 1435 Coccoran	St. N. W.	
Glenn Dale Sanatorium	(If rural, give		/
How long in hospital or institution? 1 yr., 9 mos., 5 days	2.(a) If veteran, name war	***************************************	V
3. (a) FULL NAME		3. (b) Social Security	Number
BROWNE ROBERT	LEONARD	578-20-]	972
4. Sex 5. Color or race 6.(a) Slegie, married, wildowed, or divorced		RTIFICATION	
Male Colored Single		627 1848	7:30 M
A (1) No. 10 (1) (1) (1) (1) (1)	21. I CERTIFY that death occurred on the date abo		
6.(b) Name of husbaed or wife	7/22 19	43 10 4/27	18.45
7. Birth date of	and that I last saw halive on	/	
deceased (mo., day, yr.) October 19, 1923	Immediate cause of death		
8. AGE: Years Months Bays It less than one day	Enterculono	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	DOWNSON
21 5 8hrsmin.		C.J.	22 463.
9. Birthplace Washington, D. C. (Town, county, and state)	Bue to.		
1B. Usual occupation. Messenger	Due to		
11, Industry or business	DOS (U	***************************************	***************************************
	Dther conditions		**
12. Name. Wilson Brown 13. Birtholace Virginia			• • • • • • • • • • • • • • • • • • • •
	(Include pregnancy within 8 n	nonths of death)	••
14. Malden name Annie Brown / 4. 15. Birthplace Virginia	Major findings of operations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\$ 15. Birthplace Virginia			
18. informant Decedent	Autopsy results		
	PHYSICIAN: Please underline the cause to wh	ich death shoold be charged	atatistically.
Address	22. VIOLENCE: It death was due to external cau-	ses, fill in the tollowing;	
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Where did injury occur?(City or town)		
Cemetery or crematory TB Wash CT			(State)
Location	Injured at home, farm, industry, public place (wh		
18. Funeral director /T/a wan & - Schug and	Means of Injury	Injured at work?	
Address 424 RS+N4 Wash &C	()	9).	a mo
200 00 UF D. Vand DDO:0:	23. SIGNATURE A 20	Junear	or other
18, Date registry registry Registry	Eddrago Ny lenn Dale M.	A) Date stened	11-1-11/

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MAY 4 1945

BUREAU V.R.

VS A15

ery item of information carefully. The correct age the causes of death clearly and legibly

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply of is especially important. Physicians: please with

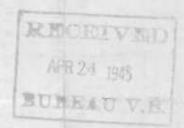
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9460

CERTIFICATE OF DEATH

04111 Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Prince George
(If outside fity or town limits, write RURAL and give nearest town)	1 1 1 1 1 1 1 1
How long In above place of death?	City or town (1f outside city or town limits, wrist RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3704-40th. Que.
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Anna Cahert	V.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 0 0 +	4-13 15 580
Temple white married	20. DATE OF DEATH 4 - / 3 19.45 at .5 .0 M
6.(b) Name of husband or the Hugh P. Cakerly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	4-11 19.45, 10 4-12 1945
7. Birth date of deceased (mo., day, yr.) Luly 14, 1891	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
0. 801.	Coronary Celleron 7-11.43
99	
9. Birthplace Philadelphia (Tylin, county, and state)	Oue to
1 (Again, county, and atayor	
10. Usuat occupation.	Que to
11. Industry or business	
12. Name Francis Oscar Stectricke	Other conditions
13. Birthplace The delpha o a	(Include pregnancy within 3 months of death)
14. Maiden name ayna Barbara Cutter	
	Major findings of operations
2 2 20	Oate of op.
16. Informant Mrs. Margarel Buttler	Antopsy results
Address 3704-40th. ave bottage bety	
17 bureal 1 Bate thereof 4-17-11945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, solcide, or homicide
Cemetery or crematory mt. Olivet Cometons	Where did injury occur?
Jacobian Washington, dl. C	Injured at home, farm, Industry, public place (where?)
: 02 . 1 32 00	Means of Injury Injured at work?
18. Funeral director William J. Malley	
Address 3200 - R. J. ave. mt. Garner, Md.	Jeage Geales
april 16 1945 Jas Severy	23. SIGNATUREM. D. or other
(Date rec'd by registrar) Registrar	Addres\$)17.384 Cac Bate signed 4.13.95



write

please

important.

FOR BINDING

MARGIN RESE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County of much (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?...... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or instilution?. 2.(a) If veieran, name war ... 3. (a) FULL NAME 3. (b) Social Security Number 6.(n) Single, married, widowed, or divorced MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from .6.(c) If alive, give age 7. Birth date of and that I last saw h.....alive on deceased (mo., day, yr.) DURATION If fess than one day 8. AGE: 10. Usual occupation. 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations..... 15. Birthplace PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; (month) (day) (year) (Burial, rremation, or removal, Which?) Accident, suicide, or homicide..... Date of ... Where did injury occur? Cemetery or crematory (State) (City or town) (Connty) injured at home, farm, industry, public place (where?) Injured at work? Means of Injury Date signed 4 - 12-45 (L)ate rec'd by registrar) Registrar

APR 24 1945 BUREAU V.S.

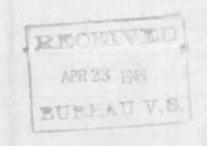
2411 N. Charles St., Baltimore //7-6

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CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH: County. Prince of county of the county		
State Doubly City or team (If contained city or reform instant, write RURAL and give nearest town) It yes team (If contained city or reform instant, write RURAL and give nearest town) Bould in Institution, or street address where death occurred Internal institution, or street, or str		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Bow long in above pince of death? So long in above pince of death? Adays Bow long in above pince of death? Adays Britel to long in long-town death occurred Adays Street No	County Crince	
too long in above piece of dealth? Bospital, inclined, or street address where dealth occurred of the policy of the piece of address where dealth occurred of the piece of th	(If outside city or town limits, write RURAL and give nearest town)	1 - 0 -1- 10 0
Street No. Delta Street address where death occurred Company Street No. Delta Cit rural, give DOCATION	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
To long in hospital or institution? 3. (a) FULL NAME Carlely 5. Colorier race 6. (a) Single, married, widewed, or divorced MEDICAL CERTIFICATION MEDICAL CERTIFICATION 6. (b) Mann of husband or wife. 6. (c) Mann of husband or wife. 6. (d) Mann of husband or wife. 6. (d) Mann of husband or wife. 6. (d) Mann of husband or wife. 6. (e) Mann of husband or wife. 6. (f) Mann of husband or wife. 7. Settle date of decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated; that I glaced decayed from the date above stated decayed from the date above stated from the date above stated; that I glaced decayed from the date above stated decayed from the date above stated from the dat	Hospital, institution, or street address where death occurred	
3. (a) FULL NAME Casell S. Colorfor race S. C		V
4. Sex S. Color/or race C. Color Single, married, widowed, or divorced M. S. (Co) Halive, girv age. 7. Birth date of deceased (mo., 497, 77) M. O. 1. L. 18 7. B. AGE: Tears Months Days (files than one day C. 7. L. 18 7. B. AGE: Tears Months Days (Toppo, country, and stute) 10. Usual occupation. 11. Industry or business 12. Name. Castell, M. S. C. W. S. C	now long in nospital of institution:	2.(a) li veteran, name war
6.(b) Name of husband or wife 6.(c) Name of husband or wife 6.(d) Name of husband or wife 6.(d) Name of husband or wife 6.(e) Name of husband or wife 6.(e) It alive, give age 6.(e) It alive, give age 7. Birth date of deceased (mo. day, yr) 8. AGE: Tears Months 8. AGE: Tears Months 9. Birthplace 9. Birthplace 10. Usual occupation 11. Industry or business 12. I a Birthplace 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 16. Informant 17. Birth date of op. 18. Informant 18. Informant 19. Maior findings of operations 19. Major findings of operations Major findings of operations 11. Industry or business 12. Volume of business 13. Birthplace 14. Maiden name 15. Informant 16. Informant 17. Major findings of operations 18. Informant 19. Major findings of operations 19. Major findings of operations 11. Industry or business 12. Volume of business 13. Birthplace 14. Maiden name 15. Informant 16. Informant 17. Major findings of operations 18. Informant 19. Major findings of operations 19. Major findings of operations 10. Usual occupation 11. Industry 12. Volume of the date above saled; that I splanded deceased from 15. Informant 16. Informant 17. Major findings of operations 18. AGE: 18. Informant 18. Informant 19. Major findings of operations 19. Major f	3. (a) FULL NAME	3. (b) Social Security Number
6.(b) Name of husband or wife 6.(c) Name of husband or wife 6.(d) Name of husband or wife 6.(d) Name of husband or wife 6.(e) Name of husband or wife 6.(e) It alive, give age 6.(e) It alive, give age 7. Birth date of deceased (mo. day, yr) 8. AGE: Tears Months 8. AGE: Tears Months 9. Birthplace 9. Birthplace 10. Usual occupation 11. Industry or business 12. I a Birthplace 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 16. Informant 17. Birth date of op. 18. Informant 18. Informant 19. Maior findings of operations 19. Major findings of operations Major findings of operations 11. Industry or business 12. Volume of business 13. Birthplace 14. Maiden name 15. Informant 16. Informant 17. Major findings of operations 18. Informant 19. Major findings of operations 19. Major findings of operations 11. Industry or business 12. Volume of business 13. Birthplace 14. Maiden name 15. Informant 16. Informant 17. Major findings of operations 18. Informant 19. Major findings of operations 19. Major findings of operations 10. Usual occupation 11. Industry 12. Volume of the date above saled; that I splanded deceased from 15. Informant 16. Informant 17. Major findings of operations 18. AGE: 18. Informant 18. Informant 19. Major findings of operations 19. Major f	Castell John Marion	
6.(b) Name of husband or wife. Castell MR S. (c) It alive, give age. 7. Birth fate of deceased (mo., day, yr.) May 16, 18 78 8. AGE: Years Months Days It fees than one day 9. Birthplace. Castell MR S. (c) It alive, give age. 10. Usual occupation. 11. Industry or business 12. Industry or business 13. Birthplace 14. Maiden name. MR S. Castell 15. Se Jucalus R. (Include pregnancy within 3 months of death) 16. Informant. Factstell 17. Castell 18. The remation, or removal, Which?) 18. Date thereof. (month) (day) (year) 19. Coentery or crematory. 19. Coentery or crematory. 10. Usual above siated: that I glaened deceased dreapsed or specific and find the following: Accident, suicide, or homicide. 19. Date thereof. (month) (day) (year) 19. Coentery or crematory. 19. Coentery or crematory. 10. Usual data above siated: that I glaened deceased deceased occurred on the data above siated: that I glaened deceased from the specific of particles. 19. Set of the specific or spe	4. Sex 5. Color/or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Second Control County Second County Seco	m w married	20. DATE OF DEATH Upril 20 1945 at M
1. Birth date of decreased (mo. day, yr.) Man. 16 18 78 8. AGE: Years Months Days titless than one day 9. Birthplace District Constitution 10. Usual occupation. 11. Industry or business 12. Name. Charlel, White on the conditions. 13. Birthplace District Constitution of the conditions. 14. Maiden name. A Charlel, Man. Elizabeth. Address 2013 Kearney St., S.E. Washington Date thereof. (month) (day) (year) (Churial, cremation, or removal, Which?) Centery or crematory. C	5 (h) Name of husband or wife Castell, MS Euma	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
The state of decased (mo., day, yr.) May. 1878 Immediate cause of death Durayina		
8. AGE: Years Months Days It less than one day 4. Are. min. 9. Birthplace District Columbia (100ms, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. Castell. 13. Birthplace D. C. 14. Maiden name. AC Singly Columbia 15. Birthplace Baltimore M. 16. Birthplace Baltimore M. 17. Lindward Findings of operations. 18. Address 20/3 Kearney St., S.E. Washington (day) (year) 19. Cemetery or crematory. 10. Usual occupation. 11. Date thereof. 12. Violence: It death was due to external causes, till in the following: 18. Funeral director. 19. Washington (County) (State) 19. Injured at home, farm, industry, public place (where?) 19. Injured at work?	7. Birth date of	and that I last saw halive on
9. Birthplace	accessed (mod aw); July	The state of Jeans of
9. Birthplace	O. AGE.	Mastell personage / hours
10. Usual occupation. 11. Industry or business 12. Name. Castell. 13. Birthplace 14. Maiden name. M. Sinsey. Elizabeth. 15. Birthplace 16. Informant. Pastell. Address 2013 / Learney St., S.E. Washings. 17. Cemetery or crematory. 18. Date thereof. (Burish, cremotion, or removal. Which) 19. Date thereof. (Burish, cremotion, or removal. Which) 19. Date thereof. (Burish, cremotion, or removal. Which) 10. Usual occupation. 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations. 12. Violence in death should be charged statistically. 13. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. Violence: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?		O. O. A. A. S. T. E. C. F.
11. Industry or business 12. Name. Cartell. 13. Birthplace 14. Maiden name. No. Survey. Edit aleth. 15. Birthplace 16. Informant. Freshell. Address 20/3 Kearney St., S.E. Washington. (Burial, cremation, or removal, Which?) 17. Cemetery or crematory. Cemetery or crematory. Location. Washington. Details.	9. Birihplace (Toyn, county, and state)	Due to Due oderal neer outro
12. Name. Castell Thurstone 13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 16. Informant. Presettle 15. Birthplace 16. Informant. Presettle 17. Informant. Presettle 16. Informant. P	10. Usual occupation Prop readly	B. a la
12. Name. Castell Thurstone 13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 16. Informant. Presettle 15. Birthplace 16. Informant. Presettle 17. Informant. Presettle 16. Informant. P	11 Industry or husiness	Due to
13. Birthplace 14. Maiden name. M.C. Krincey, Eclip States 15. Birthplace Baltimore, Md. 16. Informant Fastell, Mass. Engage Address 20/3 Kearney St., S.E. Washington (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Washington, D.C. Location Washington, D.C. 18. Funeral director. 19. C.		Bither conditions
14. Majden name NS Sincey Elisabeth (Include pregnancy within 3 months of death) 15. Birthplace Baltimore Ma. 16. Informant Firstell Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VFOLENCE: tf death was due to external causes, fill in the following: (City or town) (County) (State) 18. Funeral director. 18. Funeral director. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations.	12 Righthalan	
Address 20/3 Kearing St., S.E. Washington Bate thereof. (month) (day) (year) Cemetery or crematury. Location. Locatio		(Include prognancy within 3 months of death)
Address 20/3 Kearing St., S.E. Washington Bate thereof. (month) (day) (year) Cemetery or crematury. Location. Locatio	14. Malden name.	Major findings of operations.
Address 2013 / Carriery St., S.E. Washington 17. Clarific Company 18. Funeral director. Address 2013 / Carriery St., S.E. Washington Date thereof. (month) (day) (year) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. Violence: tf death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?	Z 15. Birthplace Ballimore MX	Date of op.
Address 20/3 Rearineg St., S.E. Washington 17. (Burial, cremation, or removal, Which) Cemetery or crematury Location Locat	16. informant Tastell mrs. Europa	
22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) Cemetery or crematury Location Locatio	Address 2013 Kearney St., S.E. Washingle	3
(Burial, cremation, or removal. Which?) Cemetery or crematury	Pensonal and app. 26 feller	
Location Washington, 2.C. Injured al home, farm, Industry, public place (where?) Means of Injury Injured at work?	(Burial, cremation, or removal, Which?) (month) (day) (year)	Mediaciti Street of management
18. Funeral director. S. J. J. Means of Injury Injured at work?	Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
18. Funeral director. A. D. Means of Injury Injured at work?	Location Washington, D.C.	Injured al home, farm, Industry, public place (where?)
Jan 114 1 Then the	A Add Solenes Co-	Means of Injury Injured at work?
Address of 7 1 17 180, waren, w.	JEAL 11/4/1 7/01/1 4). P	(21 1/ m)
23 SIGNATURE 9	Address of 7 1 17 por many, with	23. SIGNATURE (1 D) Weal
19. 4/20 (Daté rec'd by registrar) 19.45 amunda Dauney Registrar Address 1833- Monros In Date signed 4/20/45	19. 4/20 (Date ree'd by registrar) (Date ree'd by registrar) (Redistrar	Address 1833 - Monroe the Date signed 4/20/45



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



Reg. Diat. No. 242

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	-
County		
(If outside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest	town)
Hospital, Institution, or street address where death occurred:	Street No. 45 Alepat Street	
Markon Cond	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Elliott James Cla	3. (b) Social Security Nur	nber
4. Sex 5. Color or race 6.(a) Single, married widoweg or divorced Wale White Single, married widoweg or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Colored 3.0	1000
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
6.(6) Name of busband or wife	21. I CENTIFF THAT MEANS OCCUPIED OF THE BUTTE STATES. (THAT I ATTENDED MEDICANCE AND THE STATES OF	
7. Birth date of	and that I last saw h	
deceased (mo., day, yr.)	Immediate cause of death	HOITARUO
8. AGE: Years Months Days If less than one day	Hemanghan	
26hrsmin.	and shock.	
9 Birtholace Leweston Me.	Bue to Cruiling chart	
(Town, county, and state)	and Abdomen	
10. Usual occupation.	Bue to Being arushed und	e
11. Industry or business 4-5. Can	an autsmobile	
# 12. Name	Other conditions	
13. Birthplace		
# wellie	(Include pregnancy within 8 months of death)	
14. Malden name	Major findings of operations.	
2 15. Birthplace Thank fait . mane		
18, Informant 11 Daily Address	Autopsy results	stically.
	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Bate thereof Mary (Sport) (Aday) (Sport)	Accident, suicide, or homicide Para Para Para Para of	0-45
Cemetery or ramatory Cemetery Unknown	Where did injury occur? (City or town) (County) (S	real
Location Liverpore Falls Maine	injured at home farm, industry, public place (where?)	Carray .
CD 22 - Las An	Means of injury resolved ande a grat work? Les	V
18. Funeral directed and the second s	Alebert meddesse	Boune
Address 301 E. Capital I, Wash, De		
" Chriss "45 Sidney Grodman	23. SIGNATURE M. D. or of	ther
19. (Mato rec'd by registrar) (Mato rec'd by registrar) (And Ma.C. Registrar	Address Arestirly we Date signed of	-

RECRUVED AND MAY 16 1945

2411 N. Charles St., Baltimore 25

CERTIFICATE OF DEATH

DURATION

1. LACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city or town Amits, write RUKAL and give nearest town)	City or town Bladenshurg (
How long in above place of death?	(If outside ty or town limits, write RURAL and give nearest town
nospies, institution, or sincer dedicate miner death, destrices	Street No. 1 0 (If rurai, give LOCATION)
Now long In hospital or institution?	2.(a) If veteran, name war
Larence W. Loch an Dr.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widawed, or divorced	MEDICAL CERTIFICATION
Wals W Sigh.	20. DATE OF DEATH. AAT. 24 19 45 at 1
6.(b) Name of husband or wife	21. I CERTIFY that death securred on the date above stated; that I attended deceased from
C (A) Mallow size on 15	July 4. 19 4 0 10 924 24
7. Birth date of deceased (mo., day, yr.) 2-17-1930	and that I last saw h
8. AGE: Years Mooths Days If less than one day	Immediate cause of death DU
15 - min.	
9. Birthplace Mark, D.C. (Town, county, and state)	Due to Existence (Fett grand led) 5
10. Usual occupation	Due to.
11. Industry or business	
12. Name Clarence of Cochran 13. Birthplace montgomer County:	Other conditions
13. Birthplace montgomen County:	(Include pregnancy within 3 months of death)
14. Maiden name transla Kaldan back. 15. Birthplace Wash. E. C.	Major findings of operations.
15. Birthplace Wash. D. L.	Date of op.
16. Informant antique	Antopsy results
Address 4209 Edmon ton ave	PHYSICIAN: Please underline the cause to which death should be charged statistical
A 10 11- 24- 45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation or removal, Whichir) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory.	Where did injury occur?
Location Wash. DC	Injured at home, farm, industry, public place (where?)
18. Funeral director Mm Raulyn Jump hony.	Means of Injury Injured at work?
Address Carthander March	11) - 11 9 +
(Un)	23. SIGNATURE W - H · Wallow W. D. or other
19. (Dato rec'd by registrar) (Dato rec'd by registrar)	Address 3827-345+ netCarrell Date signed 4-2
The stock at	Hudicas

correct age WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

rul.

RECHIVED

APR 26 1945

BUREAU V.S.

PLEASE

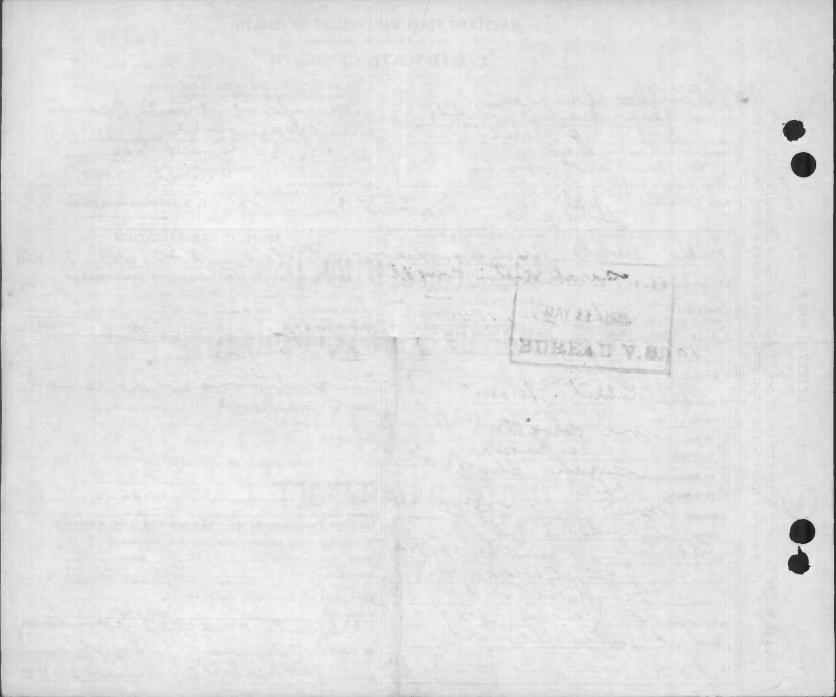
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-0.

U4116 T Reg. Dist. No. 242

1. PLOS OF DEATH: County Pruce George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of motor)
Cily or lown	State Maryland County Vivi George
How long in above place of death?	City or town(f) outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 24 5. Sout /
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Stephen Parke	Cowgell 3. (b) Social Security Number
4. Set 5. Solor or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
male water Widowed	20. DATE OF DEATH. Q 10 19 45 at 5130 kg
6.(6) Name of husband or wife arah and Corogell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days, It less than one day	Immediate cause of death
100 1, 26min.	hat failer
9. Birthplace (Town Sounty, any State)	Due to.
10. Usual occupation Kettired . Jarmer	of all early and
11. Industry or business	
12. Name Cowyll	Other conditions
13. Birthplace	(Include pregnancy within 3 mouths of death)
14. Malden name Sarah Cling 15. Birthplace Ohio	Major findings of operations.
16 Informani mrs mary Cargill	Autopsy results.
Address Glendale Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereof Car 22, 1944 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory at Deorgas	Where did injury occur?
Location Glindale and	Injured at home, tarm, industry, public place (where?)
18. Funeral director & Duscha some	Means of Injury Injured at way?
Address Ayattsville ma	23. SIGNATURE PRANCES DE PORT
19. Ar 20 1945. Majack Benetle (Date ree'd by registrar)	Address Prestulb Ly Date signed 4-21-45
LJ. W. Negistrat	The state of the s



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(14117 Reg. Dist. No. 243

1. PLACE OF DEATH: county Prince George's		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		State D. C. County			
City or town. (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 yrs., 8 mos., 17 days		City or town Washington (If outside city or town limits,			
Hospital, Institution, or street address where death of Glenn Dale Sanator	ccurred:	Street No. 467 - 0. Stre	et N. W.	70200000000000000000000	
100000000000000000000000000000000000000	***************************************	(Ifrnral, give I		/	
How long in hospital or institution? 3 YES.	, 8 mos., 17 days	2.(a) If veteran, name war	***************************************		
3. (a) FULL NAME	HN DEAN		3. (b) Social Security 1 578-18-6		
4. Sex 5. Color or race 8.(c	Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
/ Male Colored	Married	20. DATE OF DEATH APRIL 22	1945	19:25 PM	
8.(b) Name of husband or wife. Vera De	an	21. I CERTIFY that death occurred on the date abov		eed from	
	8.(c) If alive, give age28 years	due, 5 194	1 to april	22 18 45	
7. Birth date of		and that I last saw h	prod 12	19. Ty	
deceased (mo., day, yr.) FOLUAL 3		Immediate canse of death	0.5	OURATION	
	mln.	Jumonary we	<u>u cucosis</u>	5 yrs 10 mos	
8. Birthplace Richmond, Vi	rginia	Due to		*********************	
10. Usual occupation. Laborer			***************************************		
11. Industry or business		Due to	***************************************	******************	
E 12. Name John Dean		Other conditions	••••••	***************************************	
	3	(Include pregnancy within 3 m	onths of denth)		
14. Maiden name Eliza Richar S 15. Birthplace Virgini		Major findings of operations			
		***************************************		*******************************	
18. Intermant Decedent		PHYSICIAN: Please underline the cause to whi		statistically.	
Address		22. VIOLENCE: If death was due to external caus			
17	e thereof Artle 2 3 194	Accident, suicide, or homicide	Oate of		
Cemetery or crematory		Where did injury occur?(City or town)	(Connty)	(State)	
location to wash Do		Injured at home, farm, Industry, public place (whe			
16 with	Wabney	Means of injury	Injured at work?		
18. Funeral director.	n-8 now	0 .00	1.		
Addrese + - /	2 0 18 Do '0'	23. SIGHATURE Dance Leo	Finecane	my	
19. (Date rol'd by registrar)	Touland D. Hullys Registrar	Address & len Dale 11	M. D. o	722/45	
		1			

MAY 4 1945 BUREAU V B. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-

04118

	Avog. Dist. 140. manifesting.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince Georges	State Mary land county Frince Georges
Cily or town	
How long in above place of death? 5 years.	Cily or town
Hospital institution, or street address where death occurred:	Street No. 6136- Montrose Rd.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
Jeckelman, Julia Clark	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
female white widawed	20. DATE OF DEATH. April 24 1565 1 10 A M
B. (b) Name of husband or wife Joseph G. Deckelman.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
0.(V) Gamo VI Hassans Of Williams	July 6 1841, 10 Apr. 24 1845
7. Birth date of	and that I last saw h. 8 h. alive on Apr. 24 19.45
deceased (mo., day, yr.) Coc. 29 1875 8. AGE: Years Months Days It less than one day	Immediate cause of death
10 3 01	Cancinoma of Liver
	with Metasteses 4 years
9. Birthplace	Due to
4	
	Due to
11. Industry or business 12. Name	
	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Elizabeth Kelter. 15. Birthplace Maryland:	Major findings of operations.
15. Birthplace Maryland.	Bale of on.
16. Informant Son - Mr. John P. Moreland	Autopsy results
Address 6136 - Montrose Rd Cheverly, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 10 10 11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriel, gremation, or removal, Which?) Date thereof	Accident, sulcide, or homicide
Cemetery or crematory (ashing the D. C.)	Where dld tojury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director albert of aske	Means of Injury Injured at work?
1111/1/11/11/11/11/11/11/11/11/11/11/11	000
Address 671- / T ATT.	23. SIGNATURE Makles C. Hagcage M. C.
19. 4/24 (Data recistrar) 19 45 amanda Jounes Recistrar	23. SIGNATURE M.D., or other M.D., or other Address M.F. BALALLE M. M.C. Park Medical 24/945

APR 26 1945 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

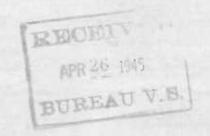
2411 N. Charles St., Baltimore 837

CERTIFICATE OF DEATH

04119

.. Date signed

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	- no 1
City or town	Stale County County
How long in above place of death? 028 days	City or town. (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or sigeet address where death occurred:	Street No. Wash P.C
Un Brogn and Workland	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Benjamin Dellinger	
4. Sex 6. Color or race 6.(a) Single, married, widowed, or dispreed	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH APril 24 19.45 11 6 /4 N
60 mi 10 a 00 a 20	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21. 1 CENTER THAT BEATH OCCURRED ON THE BATE 2001E STATES, THAT I ACCOUNT WE CONTROL OF THE BATE 2001E STATES, THAT I ACCOUNT WE CONTROL OF THE BATE 2001E STATES, THAT I ACCOUNT WE CONTROL OF THE BATE 2001E STATES, THAT I ACCOUNT WE CONTROL OF THE BATE 2001E STATES, THAT I ACCOUNT WE CAN BE ACCOUNT.
7. Birth date of	and that I last saw h alive on Tub 2 3 19 0
deceased (mo., day, yr.) Dec. 5 1891	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
5.3 5hrsmin.	
111.110	0 - 1
9. Birthplace	Due to
10. Usual occupation Mechanic	
11. Industry or business	Due to
12. Name Desgamin Callenger 13. Birthplace U. Va	Diher conditions
6 - 10 -	(Include pregnancy within 3 months of death)
E 14. Maiden name Minerya Mille	Major findings of operatious
15. Birthplace W. Va	Date of op.
(101da) 11103in h(10111-11)	Autopsy results.
16. Informant. Address 5743 - 14 St. NE Pr. 200-00.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 0	22. YIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Chief la housele	
Cemetery of Crematory	Where did injury occur?
Location Clinton and	Injured at home, farm, industry, public place (where?)
18. Funeral director Statehic Bros	Means of Injury Injured at work?
Address Reple Marlboro had	(200-11-00
AUDICOS LOGISTOS PROCESOS O CONTROL DE CONTR	23. SIGNATURE. M. D. or other
19. 4. 24 (Datorec'd by registrar) (Datorec'd by registrar) Registrar	side the theole and note signed 4-144



VS A15

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940	
C922-523	

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	6	15	V.	2
041		4	7	-

1. PLACE OF DEATH P	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	and (succession
(If outside city or town limits, write RURAL and give nearest town)	Your Land
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occupied:	Street No. Croos est.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME Henrietta Theresa Emm	reneh 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 9.00
I. W. Wedowed	20. DATE DF DEATH OFN. 4 1945 at A. M
6.(6) Name of husband or wife Mm. Emmerich	21. I CEBTIFW that death occurred on the date above stated; that I attended deceased from
	Feb 27 1845 10 Capa 4 19 45
7. Birth date of years	and that I tast saw har allye on Capic 2 19 45
deceased (mo., day, yr.) Q.V. 1/-1863	Immediate cause of death
8. AGE: Years Months Days It less than one day	
81 5 74hrsmin.	Coronary Occupion 8 days
9. Birthplace Balfemore md.	Due 10
(Town, county, and state)	arterioselesosio 27 ma
1D. Usual occupation. At Nonce	Due to.
11. Industry or business	
12. Name Slearge C. Gelmine 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Not Howard 15. Birthplace Not Moreone	
15. Birthplace not Transport	Major fiudings of operatious
M/200: 6 8.	
16. Informant	Antopsy results
Address 1809 Chelsea Road.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisi, cremation, or remove) Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Land Cake	man and the second seco
Cemetery or crematory.	
Location Saltimore ma	Injured at home, farm, industry, public place (where?)
18. Funeral director. 9. Noward Strong	Means of Injury Injured at work?
Address 13roy W. north and	John J. Malones M.O.
4/6 US HID. Hedres !	23. SIGNATURE J. D. or other
(Date rec'd by registrar) Registrar	Address Cheverly - Md Date signed 4-4-43

PLEASE WRITE TLAINLY, WITH UNFADING NK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

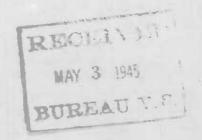
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55.8

	03	11	2	1		-
			12	11	Œ	
Reg.	Dist.	No.			0	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County	(For newborn infants give residence of mother)			
	State Maryland County The Season			
(If obtside city or town limits, wrije RURAL and give nearest town)	City or town disattepulle			
How long in above place of dealh?	City or town			
Hospilal, Institution, or street address where death occurred:	Street No. 4.3.99 September 27			
	(If rural, give LOCAPION)			
How long In hospital or Institution?	2.(a) If veleran, name war			
3. (a) FULL NAME John Frederick	Fey 3. (b) Social Security Number			
4. Sex 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
m 141 and	024 20 10 057			
The state of	20. DATE DF DEATH			
6,(b) Name of husband or wife	21. I CERTIFY hat death occurred on the date above stated; that I altended deceased from			
7. Birlh dale of	and that I last saw h. Min. alive on and 28 19.45.			
deceased (mo., day, yr.) Quine 3, 1934				
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION			
20 10 26nrsmla	Sent All Sent Sent Sent Sent Sent Sent Sent Sent			
	Will Should thebles bello 12 yrs			
9. Birlhplace(Town,county, and state)	Due to			
10. Usual occupation dresterman				
Link of a control of	Due to			
11. Industry or business Wash Sub-carrelary Comm				
# 12, Name # 24	Diher conditions			
13. Birthplace West of C	7			
# 14. Maiden name Lead Pres Banks	(Include pregnancy within 3 months of death)			
[] J J	Major findings of operations Alles area men to the second			
\$ 15. Birthplace A no.	Date of op			
16. Informani Harketal Ruerdo	Autopsy results			
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Burial may 1, 1941	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation, or removal, Which?) Date thereof Agriculture (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide			
Colar Till	Where did injury occur?			
Cemetery or crematory				
Location endland, Mil	Injured at home, farm, Industry, public place (where?)			
10 Emil House of Bascho sons,	Means of Injury Injured at work?			
18. Funeral director	2 . Neall -			
Address Alfalterelle only.	23. SIGNATURE O MACUN MID			
pray / C 45 Janus Sever	M. D. or other			
(Date rec'd by registrar) Registrar	Address Address Date signed T. Z.K. 65			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED NOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()4122 Reg. Dist. No. 243

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Prince George's			
City or town. (rural) Glenn Dale, Maryland (If outside city or town limits, write KURAL and give nearest town)	State D. C. County		
How long in above place of death? 4 mos., 28 days	(If outside city or town limits, write RURAL and give nearest town)		
Rospital, Institution, or street address where death occurred: Glenn Dale Sanatorium	Street No. 714 Rhode Island Ave. N. W.		
How long in hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) If veteran, name war		
FIELDS TROY	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	568-01-7853		
	MEDICAL CERTIFICATION		
Male Colored Married (separated)	20. DATE OF DEATH APRIL 29 1945, at 4:45A		
6.(6) Name of husband or wife Della Fields	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
S.(c) If alive, give age?	19.77 10. 25 11 19.77		
7. Birth date of deceased (mo., day, yr.) March 7, 1912	and that I last saw h. 1. 2m. alive on APRIL 29 1941		
8. AGE: Years Months Days If less than one day	Immediate cause of death. Duration Prefus mary tuberculoses 6 mos		
33 1 22hrsmin.	Pulmonary tuberculoses 6 mos		
Daytona Beach, Florida	Due to		
9. Birthplace. Daytona Beach, Florida (Town, county, and state)	Due to		
1D. Usual occupation. Porter, in store	Due to		
11. Industry or business			
John Fields 12. Name. John Fields Raleigh, North Carolina	Diher conditions		
X 13. Birthplace Raleigh, North Carolina			
14. Malden name Grace Mongur	(Include pregnancy within 8 months of death)		
14. Malden name. Grace Mongur 15. Birthplace Sylvania, Georgia	Major fiadings of operations		
Decedent	Date of op		
	Antopsy results		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Washingtons, D.d.			
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured et work?		
18. Funeral director Valuation And Andreas	means of injury injured of work!		
Address Hyattorile, Md.	a comment of in a finance mo		
19. Apr. 29 19 45 Rowland & Philips (Date rock by registrar)	23. SIGNATURE Dalo May Bate signed 4-29-45		

JUN 5 1945 BUREAU V.S. should state OCCUPA-

PHYSICIANS

AGE should be stated EXACTLY. PHYSICIANS

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

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CTATE		MADVI	ANID	CEDTIE	CA	TE .	OF	DEAT	ī
SIAIE	UF	MARYL	AND—	CERTIFI	CA	I E	UF	DEAL	m

1-PLACE OF DEATH	940)
County Mice Levrges	Registration Dist. No. 3 234
Village or City acolous	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 2 ds. How long in U. S. if of foreign birth?
2. FULL NAME amos Cole Frishe	1_
(a) Residence: No. Accordence (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of Jama Elane Tisher	22. I. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aan. 451888	I last saw have alive on April 29 ,1957; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at P9m.
57 2 28 1 day. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Coronary Emplosis 4-13-46
kind of work done, as SPINNER, Carpusture SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, A.S. Sawwill, BANK, etc 10. Date deceased last worked at this occupation (ground and says). 11. Total lime (years). Sannt in this containing (ground and says).	
year) 4 e 1771 occupation 7	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) subarran ho other (Stale or country) information	Callissaclervas - hugheroun
13. NAME James P. Figher	
14. BIRTHPLACE (city or town) Mulford Delamore	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsyllo-
# 15. MAIDEN NAME Maranda Joseph	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Kut the Control (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Olivia Z. Fusher Allman	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Huedry Mr. Date Cofor 16, 1948	Nature of injury
19. UNDERTAKER STUDENT STORM (Address)	24. Was disease or injury In any way related to occupation of deceased?
and Day 1	(Signed) Millour A Na D
20. FILED 19 19 Registrar.	(Address) 44 00 Doma Rd. OC.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		8080	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CERTI	FIC	ATE	OF	DE	ATI

I. PLACE OF DEATH: Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Olty or town (rural) Glenn Dale, Maryland (If outside city or town limes, some RUNAL and give nearest town)	State D. C. County
(If outside city or town limes write RURAL and give nearest town) low long in above place of death?	City or town
tospital, institution, or street address where death occurred:	1607 20+h S+ S F
Glenn Dale Sanatorium	Street No. 1007 - 50011 500 50 E. (If rural, give LOCATION)
low long in hospital or institution? 5 mos , 11 days	2.(g) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Carl V. Lesher	577-20-1121
1. Sex S. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Married (separated).	20. DATE OF DEATH CARY - 17 19 45 11 - 30 a. N
5.(b) Name of busband or wife Marguerite Fisher	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
5/.	200- 6 1044, 10 apr- 17 1045
7. Birth date of deceased (mo. day, rr.) August 14, 1881	and that I last saw h. A.M. olive on . apr
	Impediate cause of death
8. AGE: Years Moeths Days If less than one day 63 8 3min.	Juliuon ary belor culvis 7 mo
	July services enterities 1 200
Birthplace Morristown, Ohio (Town, county, and state)	Due to.
19. Usual occupation Accountant	
11. Industry or business	Due to
I 12. Name John V. Fisher	Olher conditions
13. Birtholace Whoeling, West Virginia	
	(Include pregnancy within 3 months of death)
14. Maiden name Martha Lippencott	Major findings of operations.
15. Bithholing, West Virginia	Dale of op.
16. Informaat Decedent	Autopsy results
Address	
17 Kenoval to Date thereof apr. 17,1945	, 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location alexandria Va	Injured al home, farm, industry, public place (where?)
18. Funeral director F. Gaschi Sons	Means of Injury Injured at work?
Address Hy attsville , had	0.0/ 0. mg
010000000000000000000000000000000000000	23. SIGNATURE ARD FINALCASE M. D. or other
19. (Date re'd by registrar) 19.45 Quelling S. Registrar	Address & lew Dale Mal Date signed 7/17/963
	W T T IV IV / W T T T T T T T T T T T T T T T T T T

WRITE PLAINLY, WITH UNFADING INK. Surply every item of information carefully. The corr is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

PLEASE

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MAY 4 1945

BUREAU V.S.

A15 EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.	0	
MARITE PLAINLY, WITH UNFA	M /	The correct age
MARITE PLAINLY, WITH UNFA	- Ph	information carefully.
MARITE PLAINLY, WITH UNFA	FOR BINDING	My every item of
ASE WRITE PLAINLY, W	MARGIN RESERVED	ITH UNFADING INK. Sup-
- T	2 (2) 91	ISE WRITE PLAINLY, W

2411 N. Charles St., Baltimore 766)

CERTIFICATE OF DEATH

04125

Reg. Dist. No. 252

	Reg. Dist. No.
1. PLACEOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothers)
City or Joyn Upper marlows	state Manhand County Ince gange
(If Sutside city or town limits, write RURAL and give nearest town)	City or town Upper marlbord
How long in above place of death?	(if dutitide city or town limits, write RURAL and give nearest town)
L. g. passeus term	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Z 3. (b) Social Security Number
John travers t	ord
4. Sex 5 Cold or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mall color midomes	20. DATE DE DEATH Ofil 23 1945 at 6:30 A
0 (h) Nama at tunbond on wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of 5 5 / 9/3	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
3 ½	Africally and
2 . A File back a had	and the second
9. Birthplace (Town, county, and state)	Due to the state of the state o
10. Usual occupation. Janu Laboret	Due to
11. Industry or business	Due to
12. Name Theres Co. Sud	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Transla A. Hosfels 15. Birthplace Charles Co. Fort	
15. 8irthplace Charles Co. Front	Major findings of operations.
16. Informant Prepart 13. Front	Autopsy results as alone
Address Then marlono mis	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bishal Als 3.6/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whiteh?) Date thereon, (Inouth) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory. MC Chickens Carried	Where did injury octan (City or town) (County) (State)
Location Weper martbook and	Injured al home, farm, Industry, public place (where?)
18. Funeral director & B. Johnson	Means without with all farmed a wack? Lev
Address (Cashalinas	Aleputy mederal former
De 121 1 R. V. VII - 1	23. SIGNATURE M.D. of other
(19. (Uato rec'd by registrar)	Address Horeslullined Date signed 4-23-40
1	THE STATE OF THE S

MAY 2 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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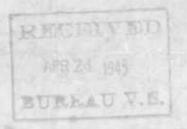
2411 N. Charles St., Baltimore 131-2

04126

CERTIFICATE OF DEATH

- 17				
			1	45
Reg.	Dist.	No	-	10

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	mad PH
City or town Limits, write RUKAL and give nearest town)	
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No Riggs Rof & University Pl
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM E FRAN	IKE
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mace white widowed	20. DATE OF DEATH Of wil 4 1945 at 7 A M
6.(b) Name of husband or wife Lang Selevable	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Ofil 1938 10 Ofil 1843
7. Birth date of	and that I last saw h Lannalive on Dec 18 1944
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
Be and	Cardis-Musi-Varendar
8.3 brsmln.	discore 74m
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation.	
	Due to
11. Industry or business	
12. Name	Dther conditions
E 13. Birthplace	(Include pregnancy withiu 3 months of death)
14. Maiden name Denny Houday	Major findings of operations
El 15. Birthplace dunny.	Date of op.
16. Informant Mrs Lessy E. King	Autopsy results
Address 5123 1504 AX m.w. Washin	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17 Brewing Remarkate thereof Offil 6, 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Million and and	Injured at home, farm, Industry, public place (where?)
18. Funeral director Malle Chambers	Means of Injury Injured at work?
0. 1. 1. 1	0 .0
Address Ofwardsle, Milat	23. SIGNATURE GABulbus M.D.
19. April 5, 19. 45 pages Serves (Date rec'd by registrar)	Address 766 Roy a Ch. Rd Bate signed along 4



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163-7

Reg. Dist. No.

CERTIFI	CATE	OF	DE	TH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Trunce georges	(For newborn infants give residence of mother)
(If outside fity or town limits, write RUKAL and give nearest town)	State
How tong in above place of death? ? Mariels	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 6 6 0 3 Madwell Lores
6603 medurch Alma	Streef No. O. (If rural, give LOCATION)
How long Inshospital or Institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Costre die triedin	and the same of th
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jewell White married	20. DATE OF DEATH. Office () 18.45 at 9.45 A.M.
6.(b) Name of husband or wife. Loans Friedra	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) When the the second to the second	Immediate cause of death
8. AGE: Years Months Days If fess than one day	asplinger
30 /1 >1hrsmin.	
9. Birthplace Ferren County Va	Due to a carle Carlon Manual le
(Town, county, and state)	porami
10. Usuat occupation	Budto
11. Industry or business	
E 12 Name Henry Dignon	Dther conditions
13. Birthplace	Dries Conditions
	(Include pregnancy within 8 months of death)
14. Malden name.	Majur findings of operations.
\$ 15. Birthplace	Date of op.
16. Informant David Freedman	Autupsy results
Address Humpshin Knalls, med	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
18 10 11 19 115	22. VIOLENCE: 11 death was due to externat causes, fill to the following:
(Burial, cremation, or removal, Which?) Date thereof 4 18 4 19 (ponth) (day) (year)	Accident, suicide, or homicide, descended Date of 417-41
Cometery or crematory. 3 selle, llva	Where did injury occur? (City or town) (County) (State)
Location	means of their and the stry, public place (where?)
18. Funerat director WM Callable Co	A Come of the of the of the order
Address Kircheldle, mid	president of the same
(121° 10 11 0 10	23. SIGNATURE. M.D. or other
(Dyte rec'd by registrar)	Address Frestvell and Date signed 4-17-4



2411 N. Charles St., Baltimore 466

04128

CERTIFICATE OF DEATH

-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mary and County
	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No. 3/8 main II.
	(If rural, give LOCATION)
	2.(a) If veteran, name war

1. PLACE PRATE: County - Mark May Co. County or from. (It wouldn't are not to be town limity for the KURAL and give warrest town). The most in share place of early. A county of the most of the share of the share day formers. A county of the most of the share of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the most of the share day formers. A county of the share day formers. B county or business. B county or		
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Boo loop is above place of death. Street No. I solitopical protection, or easily address where easy decreed: Annable of the control in the protection of the control in t	(If outside city or town limits, write RURAL and give nearest town)	City or town Laure
Street 10. Street	How long in above place of death?	(If outside city or town limits, write KURAL and give nearest town)
Box tong in hospital or institutions. 3. (a) FULL NAME The Contract of Scholar race and Contract of S	Apsyllat, distribution, of street address where design decircus.	Office Ru
3. (a) FULL NAME A. Sex S. Color or race A. (a) Simple, married, wishowed, or directed MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFI (but des) developed on the date above visited; that it altered deceased from 18. (b) Home of husband or wite. 21. I CERTIFI (but des) developed on the date above visited; that it altered deceased from 18. AGE: Fear Months 22. I I LESTIFY (but des) developed on the date above visited; that it altered deceased from 23. AGE: Fear Months 24. AGE: Fear Months 25. Site higher 26. (12 live, county, englegate) 27. I Married on the date above visited; that it altered deceased from 28. AGE: Fear Months 29. AGE: Fear Months 20. DATE OF DEATH. 20. DATE OF DEATH. 21. I LESTIFY (but des) developed on the date above visited; that it altered deceased from 27. I LESTIFY (but des) developed on the date above visited; that it altered deceased from 29. AGE: Fear Months 20. DATE OF DEATH. 21. I LESTIFY (but des) developed on the date above visited; that it altered deceased from 21. I Lestify (but des) death above visited; that it altered deceased from 29. AGE: Fear Months 20. DATE OF DEATH. 20. DATE OF DEATH. 21. I LESTIFY (but des) death above visited; that it altered above visited; that it altered deceased from 21. I Lestify (but des) death. 22. I LESTIFY (but des) death. 23. Significant on the date above visited; that it altered at work? 24. Autopay results. 25. Significant on the date above visited; that it altered at work? 26. Address Accident, suicide, or homicide. 26. Address Accident, suicide, or homicide. 27. I LESTIFY (but des) death. 28. Autopay results. 28. Accident, suicide, or homicide. 29. Address Accident, suicide, or homicide. 20. Date of one. 21. I Lestify (but des) death. 22. Significant on the date above visited; that it altered at work? 28. Address Accident, suicide at homicide. 29. Address Accident, suicide at homicide. 29. Address Accident, suicide at homicide. 20. Date of one. 20. Careform on the date above visited. 20. Da	51	
E. Sate S. Color or race S.		
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Actions of husband or wife. 3. (6) Home of husband or wife. 3. (7) How the state of the sta	mo Carrold Trost	
8.(6) Hame of husband or wife. 8.(6) Hame of husband or wife. 9. 8.(c) If alive, give age. 9. 8.(c) If alive, give age. 9. 8. AGE: Tears Months 19. 10. 19. 10. 19. 10. 19. 11. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	0-	MEDICAL CERTIFICATION
8. (c) Hame of husband or wife 1. Birth date of decased (mo, day, yr.) 8. AGE: fears Months Days If less than ane day 9. Birthplace ((Town, county, and aste) 10. Usual occupation. And the fear of the fear	male white Wednesd	20. DATE OF DEATH 4/25 21
7. Birth date of deceased (me, day, yr.) 787 24 867 8. AGE: Years Months Days If less than one day 10. Usual occusation. Anti- 11. Industry or business 12. Rame. Address 38 Mars. Solutions 14. Maiden name Address 38 Mars. Solutions 15. Internal cremation, or removed. Which it was a factor of the cause of which death should be charged statistically. 16. Funeral director are many. 17. Birth date of deceased (me, day, yr.) 787 24 867 199. 18. AGE: Years Months Days If less than one day Immediate cause of death. 19. Anti- 19	C (L) Name of husband or wife	
1. Birthplace decased (mo, day, yr.) 8. AGE: Years Months Days If less than one day 10. Usual occupation, Manufacture of the control of the	May 26	2/29/ 19/2 10 4/25 19 4
8. AGE: Years Months Days If less than fine day 9. Birthplace	7. Birth date of	and that I last saw halive on
9. Birthplace (15ww), county, and grate) 10. Usual occupation. It there is a superior of the conditions of the conditio	Secretary (may say)	Immediate cause of death
9. Birthplace Town, county, androjate) 10. Usual occupation Authority or business 11. Industry or business 12. Name Usual occupation Authority or business 13. Birthplace III Industry or business 14. Maiden name Authority III Industry or business 15. Intermediate III Industry or business 16. Intermediate III Industry results III Industry III III III III III III III III III I	0. 404	asute Cholingshill
10. Usual occupation. Autour 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Due to 18. Informant 19. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) 18. Funeral director 19. ### 25. 19 #5.5 Imaarda Daurey 19. #### 26. Imaarda Daurey 19	7 7 min.	Care Lylin
Due to 11. Industry or business 12. Name	9. Birthplace Maryland	Due to
11. Industry or business 12. Name	Mitay - Hassan land	
Diher conditions Diher conditions Diher conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, sulcide, or homicide. Date of (Burial, cremation, or removed. Which?) Date thereof. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, sulcide, or homicide. Date of (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. M. D. or other J. M. D. or other J	10. Usual occupation.	Due to
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(Include pregnancy within 3 months of death) 14. Maiden name (All Maiden	E 12. Name Offerry J. 2021.	Dither conditions
14. Maiden name of the state of		(Include prograncy within 3 months of death)
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Address 3/8 M and St. Carrier St. Country Bate the following: 17	Doubte min Ethe Front.	
22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or remove). Which?) Cemetery or crematory. Location. Location. Mere did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 18. Funeral director of the county of the coun	3,54 - 0, 7	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removed. Which?) Cemetery or cremator Location Location 18. Funeral director of the control of the contro	Address 0/8 main st. Cauch	22. VIOLENCE: If death was due to external causes, fill in the following:
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Injured at home, farm, Industry, public place (where?) 18. Funeral director of the Common line of the Commo	011.	Where did injury occur?
18. Funeral director of the Desire of Injury Injured at work? Address Daniel Manarda Donney 23. SIBRATURE M. D. or other M. D. or other According to the Control of the	1 1 1	
18. Funeral director of the angle of the state of the sta	Location Location	
19. 4/25 1945 amanda Downey 23. SIBBATURE. M. D. or other	18. Funeral director of the additional and the addi	
19. 4/25 1945 Umanda Nouncy Land & M. B. or other to	Address Jausel Mad	as significant to Blue
	4/25 45 amanda Namen	M. D. or other
	1 3	Address Date signed

A15 SA PLEASE

BUREAU

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-5

CERTIFICATE OF DEATH

29 No. 255

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother)
County Dune Design	marcalant. Physics Deorges
	State County
City or town	guilles ma
How long in above place of death? 2 May 6 days	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	A CAPACITAL ACCEPTANCE OF THE PARTY OF THE P
Hospital, institution, or street address where death occurred:	Street No. 2302 - 59th are
Lead mangral tapetal	(If rural, give LOCATION)
	(IIIdaa, Bro Zootalaa,
How long in hospital or institution? 2 2 2 8 4 4 5	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(1) M	Dillingham
William III onles	Lecingram
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
-m 11 -m	1 m. 1 / 1 m. 1/2- 1/25 m
man and the second seco	20, DATE OF DEATH 19.45 at 19.45 at 19.45
Christian Plicabeth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. Christine Elizabeth	21.1 CERTIFY that death occurred on the date source states, that I death occurred on the date source
	19 42 to affect 20 19 4
Bellingham S. (c) If allve, give age 73 years	
7. Birth date of	and that I last saw h. A. alive on
deceased (mo., day, yr.)	Immediate cause of death
La titure then are day	
8. AGE: Years Months Days IT less than one day	which the figure of the state o
79 4 20 hrsmin.	
7/14/14/1	Due to Supplied the Supplied to the supplied t
9. Birthpiace	
D (10wh, county, and seate)	
10. Usual occupation	
10, usual occupations	Due to
11. Industry or business	
«I 0 1.1 4 .10.	
12. Name	Other conditions
13. Birthplate	(Include pregnancy within 3 months of death)
14 Maiden name Bodie Mokler	
14. Maiden name	Major findings of operations
14. Malden name	
E 15. Birthplace Ush glava	Date of op.
18 Informant La spetal Resardo	Autopsy results
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
Brial apr 24. 1940	
(Burial, eremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Mil
Cemetery or crematory Slemvood	Where did injury occur?
Venicery of Common of the 100 C	
Weshington (,)	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
I Descha sone	means of injury
18. Funeral director.	0110 110
suratterile ma	1/1 hall sho
Address January	23. SIGNATURE
1 -1 06 11 - 10 XOLES	M. D. or other
19. april 23 1945 James Ocery	Address Kulldal Med Date signed 4:21. 43
(Date rec'd by registrat) Registrat	Address

APR 25 1945
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04130

CERTIFICATE OF DEATH

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
11+	Rainian	113		State Md Cour			
(If			RURAL and give nearest town)	11			
How long in above place	of dealh?street address where	daath accurre		(If outside city or town limits,	, write RURAL and give nearest town)		
inospital, matriolion, or	Silver address where	RCSIII DECONE		Street No.	N C		
How long In hospital or	Institution?		70.00.00.00.00.00.00.00.00.00.00.00.00.0	2.(a) If veleran, name war			
3. (a) FULL NAM				Tarter is retotally liame was assessment as			
(a) 10 az 11 a		rick	William Gree	n	3. (b) Social Security Number		
4. Sex	5. Color or ruce	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION 4/120/2		
Male	Whit	e	Married	20. DATE OF DEATH	21) 19 45 Si Old M		
6.(b) Name of husband	or wife	aret	Ellen	21. I CERTIFY that death occurred on the dale abov			
7. Birlh dale of	.0.0.0000.0000.000000000000000000000000	6.(6	c) If alive, give agoyears	JAN 19	SOMO DA LED		
deceased (mo., day,)	Dec	5,18	68	and that I last yow h. M. alive on			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death.	411/11/11/01		
7	6		hrs min.	Chianna II	The factor		
9. Birthplace	gland			Due to.			
		county, and s	atate)		***************************************		
10. Usual occupation	retire	Q	***************************************	Due to	(1000000000000000000000000000000000000		
11. Industry or business					4		
12. Name	illiam 3	reen		Other conditions AMED - W	0020		
	England			7108/11/1-5	elevous		
범 14 Maiden name	Alice	Morri	S	(include pregrancy within 3 m	onths of death)		
15. Birthplace	Englan		***************************************	Major fiedings of operations			
					Date of op		
				PHYSICIAN: Please onderline the cause to whi			
		St M	t Rainer, Md.				
17 Ramor		Date there	on Oxful 20 1941	22. VIOLENCE: It death was due to external caus			
(Burial, cremation,	or removal, Which?)		(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremato	y/		······································	Where did injury occur?(City or town)	(County) (State)		
Location Or	agninge	m x	<i>50</i>	Injured at home, farm, industry, public place (whe	эте?)		
18. Funeral director M.	Ke S. H.	Hije	ese Co	Means of Injury	Injured at work?		
Address 290	1-14-	at.	n. W. Wash, D.C	23. SIGNATURE PLESES	Li Bally		
Date rec'd by res	19.85 ristrar)	ba	D SEVEY Registrer	BS. WU (M)	M. D. or other		

RECEIVED

APR 24 1985

BUREAU V.S.

2411 N. Charles St., Battimore 92-1)

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Keg.	Dist.	No.	ĸ.

FILM No. G 95 JUN

Hospital, Institution, or street address where death occurred:

1. PLACE OFTDEATH:

How long in above place of death?..

How long in hospital or institution?

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(Por newborn infants give residence of mother)
here land the line
State County
City or town harmy Character Comments
(if outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
han .
2.(a) If veteran, name war

3.(a) FULL RAME Belt Brieson

city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

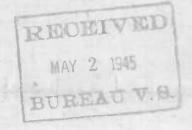
Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH April 3 1945 of 73
(b) Name of husband of wife Horseman Sriem. 6.(c) If alive, give age 7.7 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19 and that I last saw bear alive on 19. 19. 19
deceased (mo., day, yr.) Jan 1, 1863	Immediate cause of death DURA
3. AGE: Years Months Bays If less than one day 7-9 80 3 If less than one day hrsmin.	Chris myrahter. 5 ye
Birthplace & about bounty my (Town, county, and state)	Due to
10. Usual occupation Harry 11. Industry or business There was a	Due to
12. Name Forling Justich Sieren	Other conditions
14. Maiden hambura le ochran 15. Birthplace le about les. Ind	(include pregnancy within 3 months of death) Major findings of operations
16. Informan ma Commo Suinon	Antopsy results
(Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?)	VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Williams	trijured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address When Small Bland Will	23. SIGNATURE Offer Son Tenny 2. 2. M. Dy or other
(Date rec'd by registrar) Registrar	Address January Dave Date signed 77 6

20. DATE DF DEATH	sed from
and that I last saw permalive on april 2	19.75
Immediate cause of death Myseable.	DURATION 5 years
Due to	
Due to	***************************************
Other conditions	
(Include pregnancy within 3 months of death)	

MARGIN

ADNO LINE Physicians:

UNF important.



2411 N. Charles St., Baltimore 33-d

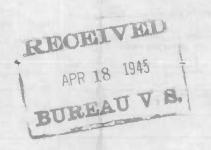


04132

CERTIFICATE OF DEATH

			_	-	,	
200	Diat.	No.	2	3	1	

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DI (For newborn infants give residence of moth	ECEASED:
County Prince		es	***************************************		
City or town. Chev	erry		RURAL and give nearest town)	State D C County	
				City or town Washington (If outside city or town limits, wri	
How long in above place of de Hospital, Institution, or stree			4.		
				street No. 3535 Vista St. 1	i E
P.F.Ince	Georges	52	Hospital	(lf rural, give LOC	ATION)
How long in hospital or inst	Itution?		***************************************	2.(a) If veteran, name war	V
3. (a) FULL NAME				3	3. (b) Social Security Number
	77	7.7			, (0) 0000000000000000000000000000000000
4. Sex 5.	Color or race	1 6 (a) Sing	e, married, widowed, or divorced	0	
			c, married, widowed, or enforces	MEDICAL CERT	rification
Female	White	Ma	rried	20. DATE OF DEATH AMIL	(19 5 at M
	Hones	d H.		21. I CERTIFY that death occurred on the date above sta	
6.(b) Name of husband or w	ileD.W.a.1				3, to 19.45
7. Birth date of			c) If alive, give age years		9 1
7. Birth date of deceased (mo., day, yr.)	Jan. IS	9 188	₹ <i>I</i> .	and that I last saw h land alive on	product 18 43
8. AGE: Years	Months	Days	If less than one day	Immediate fanse of death	
	anontino .	00,0		Cleub lengsture Ja	elure queels
6 ^I					A A T
9. Birthplace27	vland			Due to auricular f	Kulleton , weeks
	(Town.	county and	itate)	Due 10.	
1D. Usual occupation	House	ewile		The sales	adeae
				Due to.	· · · · · · · · · · · · · · · · · · ·
11. Industry or business	iom Ct.	n a loca			
12. Name Will 13. Birthplace	iam Sta	inspui	<u>Y</u>	Diher conditions	
13. Birthplace	Md.				
E 16	any The	mno		(Include pregnancy within 3 month	s of death)
14. Malden name	the Yamahala	ZI.IIE	***************************************	Major findiags of operations	
≥ 15. Birthplace	J.	id			
40 Lanna H H H	Hanshro	nigh	***************************************		
				PHYSICIAN: Please underline the cause to which d	
Address 3535	Vista	St. A	E		
17 Bund (Burial, cremation, or r	(Date there	of Ofril 9 1945	22. VIOLENCE: If death was due to external causes, f	
(Burial, cremation, or r	emoval, Which?)	0 .	(month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory	tork	Zus	color to oran	Where did Injury occur?(City or town)	(County) (State)
				Injured at home, farm, Industry, public place (where?)	
Location	0.00		2 -		
18. Funeral director	WIH	21	le sous	Means of Injury	Injured at work?
1/20	17-47	4/2 /	1-20	4/ 00	100.
Address 000	0-17	11-1	1 72	23. SIGNATURE CRUTE &	Hadley
10 4/6	45	Uma	nda Daymes	- 8/-2 0	M. IJ. or other
(Date rec'd by registra	ir)		Registrar	Address 1252 lets Tes	Date signed Comment 6.45



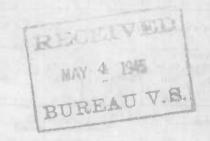
2411 N. Charles St., Baltimore /

CERTIFICATE OF DEATH

04133 Dist No. 243

	Keg. Dist. No.
1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State D. C. County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1102 - 6th St. S. W
How long in hospital or institution? 2 MOS.a., 20 days	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6.(4) Sheld married, widowed, or divorced Female Colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH COLLEGE 16 45 at 6:55 P.M.
6.(b) Name of husband or wife Willie Harrison 8.(c) If allve, give age ? years 7. Birth date of deceased (mo., day, yr.) January 15, 1889	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from 19. 45 19. 45 19. 45 Immediate cause all death J. W. A. B.
8. AGE: Years Months Days If less than one day 56 3 1 hrsmin.	Immediate cause at death Sulfather and 3 mo-21 f
8. Birthplace Carolina, Virginia (Town, county, and state) 10. Usual occopation Matron — Bureau of Engraving 11. Industry or business 12. Name Robert Brown	Bue to. Dither conditions.
₹ 33 Birthplace Virginia	(Include pregnancy within 3 months of death)
14. Malden name Moriah Lucas Virginia	Major findings of operations
16. Informani Decedent	Autopsy results
Address 17 (Clustral to Date thereof (Month) (day) (yehr) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Washington	Means of Injury Injured at work?
18. Funeral director	0.00 0. 200
19. Our 16 19 45 Rowland & Philips (Date riced by registrar) Registrar	23. SIGNATURE DAVID DAVID M. D. or other Address J. Lenn Dale M. D. Date signed 4 1.16 145.

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bi-0

CERTIFICATE OF DEATH

04134

and that I last saw halive on		Keg. Dist. We.f.
Cit outside city or town limits, write RURAL and give nearest town		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
Now long in above place of death? City or fown imits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)	Meullan
Street Ro. (If rural, give LOCATION) Street Ro. (If rural, give LOCATION) 2.(a) If velcran, name war 3. (b) Social Security Number A. Set Set Scolor crace Sc		(If outside city or town limits, write RURAL and give nearest town)
3. (a) FULL NAME 4. Sep 5. Color og race 6. (c) Single, married, widowed, or diversed MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 18. (c) If alive, give age. 7. Befin date of deceased (mo., day, yr.) 8. AGE: Years Nonths Days 19. Sep 19.		
4. Sex 5. Color of race 6. (co) Single, married, widowed, or diverced 8. (co) Single, married, widowed, or diverced stated; that I altended deceased from 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19. (and that I last saw h. alive on 19.	How long in hospital or institution?	2.(a) If veteran, name war
MEDICAL CERTIFICATION 8.(6) Hame of husband or wife.	3. (a) FULL NAME	3. (b) Social Security Number
MEDICAL CERTIFICATION 6.(6) Hame of husband or wife	William Atenson	
7. Birth date of deceased (mo., day, yr.) / 8 77 8. AGE: Years Months Days If loss than one day Limmediate cause of death. Limme	4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced M. forwed	00 > -151
and that I last saw halive on	6.(b) Name of husband or wife. Dusce Smallwood.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Second comparison of the conditions Comparison of the condition		
9. Birihplace		and that I last saw halive on
9. Birthplace		Co to Co to to
Town, county, and atter 10. Usual occupation. Harman 1. Industry or business 11. Industry or business 12. Name. La Manded Amount 1. Due to 13. Birthplace 14. Malden name. Management 1. Include pregnaucy within 3 months of death) 15. Birthplace 16. Informant. Address 17. Autopsy results. Physician: Physician: Physician: The cause to which death should be charged statistically. 18. Major findings of operations. 19. Autopsy results. Physician: Phease underline the cause to which death should be charged statistically. 19. Cemetery or crematory. Major findings of operations. 10. Usual occupation. Unities and the country of the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State)	68hrsmin.	Laclure
10. Usuat occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant Address 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 18. Where did Injury occur? (City or town) (County) (State)		Due to Cardio voscular
Due to	Messer Hand	peral disease
12. Name		Due to
14. Maiden name		
14. Maiden name	12. Name	Dther conditions
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal, Which?) Gemetery or crematory. County) (City or town) (County) (County) (County)		(Include pregnaucy within 3 months of death)
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removin, Which?) Cemetery or crematory. Date thereof. (City or town) (County) (County) (County)	14. Mailuen name.	Major findings of operations.
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State)	- Auttin 100-lea	Date of op
17	I A. h	
Cemetery or crematory (City or town) (County) (State)	0 10 11 0 7,190	22. VIOLENCE: If death was due to external causes, fill to the following;
Gemetery or crematory (City or town) (County) (State)	(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
/// A . A . A . W/A . A		Where did injury occur? (City or town) (County) (State)
Location injured at nome, farm, industry, public place (wherer)	Location Spring Grand	Injured at home, farm, industry, public place (where?)
18. Funeral director to the standard of the st	18. Funeral director	Means of injury tnjured at work?
Address Styles will age helpouty medical Garyun	Address Strassprilo Ches	pleparty medical carrier
23. SIGNATURE CAMPAGE DID. D. originar	Jul 3 Let (12 Not 10	
(Date rec'd by registrar) Registrar Address / Destrull had Date signed 4 - 3 - 4.	(Date rec'd by registrar)	Address / Forestall had Date signed 4-3-42

RECLIVED
MAY 2 1945
BUREAU VE

The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN KEDERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 d

CERTIFICATE OF DEATH

04135

Date signed 4-15-15

	2 OI DENIII	Reg. Dist. No	J
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DI	ECEASED:	
County June Charles	(For newborn Infants give residence of r	nother)	
City or town Toresty Cles	StateVManyland Com	ily Ja. Jenga	2
(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or lastitution:	City or town - ohestville	Wa	rd No.
June Georges Country Clased on	(If outside city or town limits, wi	ite HURAL NEAR and give	town)
Stay in hospital or inst. (yrs., or mos., or days)	Street No. January Junger	ocation als	sahame.
Stay in this community (yrs., or mos., or days) - 4 years 45 days	2(a) IF VETERAN, NAME WAR	LOCATION)	
3. (a) FULL NAME		2 /5/ 6 : 16 : 1	A7 3
William Henry Hinkele		3. (b) Social Security 1	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CEI	RTIFICATION	
M. Wydowed	20. DATE OF DEATH	4 1045	1830P
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above		
062 Mail and a second	19 - 201	Capr - 14	19.45
7. Birth date of	and that I last saw h LMalive on	2	19 Y 5
deceased (mo., day, yr.) (yr. 30, 18168			DUDITION
8. AGE: Years Months Days If less than one day	Immediate cause of death	1.0 6	DURATION
76 14hrsmin.		2522	7
a substant Was large to the sale	- Cintinoonilles	×2	
9. Birthplace	Due to		
1D. Usuat occupation Book Reeper			
11. Industry or business	Due to		
	a		
12. Name terry trible	Other conditions		
13. Birthplace Workshippingh			
# 14. Maiden name Skip alulu Lowero	(Include pregnancy within 3 m	ionths of death)	PHYSICIAN
14. Maiden name I lange about the server of	Of operations		Ptease underline
16. Informant Almshows Oshgrale		***	the cause to which death should be
S D-DD wall	Df autopsy		charged statisti- cally.
Address perfectly TMO			
(Buriat, cremation, or removal, Which?) Date thereof (Booth) (day) (year)	22. VIOLENCE: If death was due to external caus		
12 mes les Celles de Velans	Accident, suicide, or homicide	Date of	
Cemetery or crematory	Where did injury occur?(City or town)	(County)	(State)
Location This will 1 man.	tnjured at home, farm, Industry, public place (w	here?)	
18. Funeral director Therefore (Theren)	Means of Injury	Injured at work?	
Address While martton. 1991	91		0
	23. SIGNATURE TO MAN D. TV	alones. 911	24
19. (Ohte rec'd by registrar) (Unite rec'd by registrar)	Address Inches	M. D. o	

MAY 2 1945 BUREAU V.S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: prease write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49-2

04136

.Oate signed.

CERT	TEIC	ATT	OF	DEA	TIT
CERI	ILIC	AIL	UP	111.6	

	Neg. Dist. 140	
X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)	
County O. T. C. O. T.	D: 11	
City or town (If outside city or town limits, write RURAL and give nearest town)	Attan Dit	
How long in above place of death? 2 /2 29 Cars	(If outside city or town limits write RURAL and give nearest town)	
Hospital, Institution, or street address where dealty occurred:	Street No. 3706 - 40th Place	
3706-40 h Place	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
CORA LOUISE	HOLLOWELL none	
4. Sex 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female white married	20. DATE OF DEATH 4-23 1941 at 2 3 M	
6.(b) Name of husband or wife. Thomas C. Hallowell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
10	6-1 144, 10 4-23 1045	
7. Birth date of	and that I last saw h.e. alive on 4 - 2 3	
deceased (mo., day, yr.) March 2/ 1880 8 AGE: Years Months Days If less than one day	Immediate cause of death	
	Curcus Hosis	
(0 8)	malnututur	
9. Birthplace Mars Hell M.C.	Due to Primary Cancer of left overry	
9. Birthplace (Town, county, and state)	Duration: 18 months a cuago	
10. Usual occupation	Oue to	
11. Industry or business		
E 12. Hame alwande Togan	Other conditions	
\$ 13. Birthplace north Carolina		
14. Maiden name margaret Buckner	(Include pregnancy within 3 months of death)	
14. Maiden name Margaret Buckner 15. Birthplace Worth Carolina	Major fiedings of operations.	
2) 15. Britispiace of coality who was		
16. Informative I I I I I I I I I I I I I I I I I I I	Aotopsy results	
Address 3706 - 40st Cottage City ma	PHYSICIAN: Please ouderline the cause to which death should be charged statistically.	
17 Burial Date thereof appril 25.4	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Buriai, cramation, (day) (vear)	Accident, suicide, or homicide	
Cemetery or crematory & Janeson amiley	Where did injury occur?	
Location Stunce George Co. mgCV	Injured al home, farm, lodustry, public place (where?)	
18. Funeral director J. William Lies Son	Means of injury injured at work?	
Address 365-4 St ME Mash. With	M Massas O	
1/1/22	23. SIGNATURE MAD. or other	
19. The design of the state of	Address 17-28/ Care Date signed - 13.45	



Supply every item of information carefully. The correct age please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH UNFADING INK is especially important. Physicians.

PLEASE WRITE

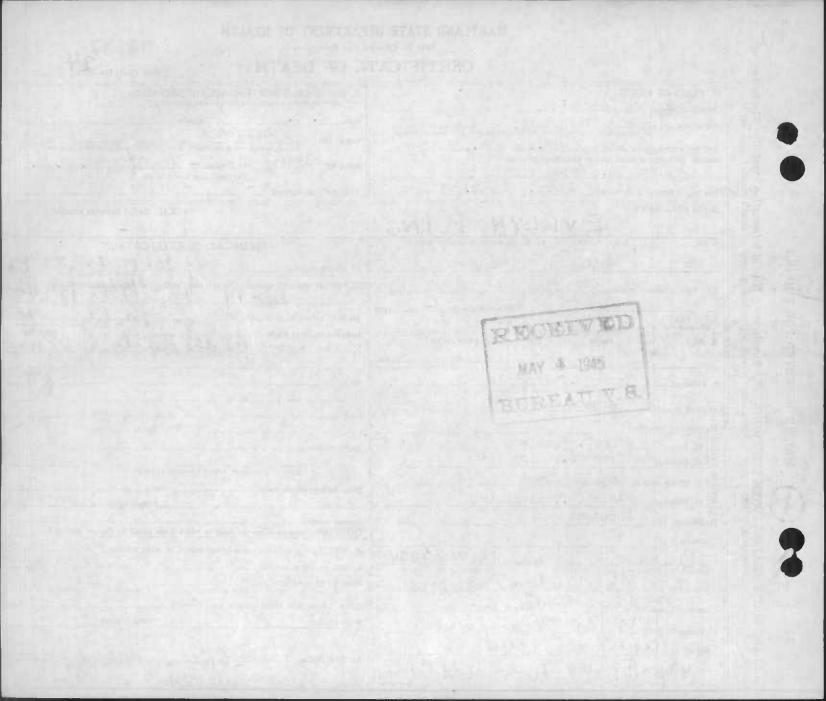
NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Prince George's City or town. (rural) Clenn Dale Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs. 4 mos. 5 days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 2 yrs. 4 mos. 5 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
EVELYN KING	5. (v) bucket becauty number	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Female white Wildowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. 19 19 45 at 4.48 P. M.	
6,(b) Name of husband or wife ? King	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 14 19.42 to Office 19.45	
7. 8irth dale of deceased (mo., day, yr.) April 18, 1913	and that I last saw half alive on 1945	
8. AGE: Years Months Days It less than one day 32 _ hrsmin.	Immediate cause of death Pulmonary Julienculosis 28 mo	
9. Birthplace	Due to	
10. Usual occupation	Due to	
12. Name John T. Hansford York Co., Virginia	Diher conditions	
14. Malden name. Lucille Jayne 15. Birthplace York Co., Virginia	(Include pregnancy within 3 months of death) Major findings of operations	
16. Interment Decedent	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 17. Burnal (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Date thereof (Apr) (27, 1945) Command (Apr) (year) Date thereof (Apr) (27, 1945) Accident, suicide, or homicide. Date of	
Location arking touto, Va-	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)	
18. Funeral director. W. W. Charulers Address Riverdale, Wd.	Means of Injury Injured et work?	
19. Cyr. 19, 1845 Rowland S. Pleulips (Date rec's by registrar) (Date rec's by registrar)	23. SIGNATURE And Leo France M. D. or other Address View Rale May Date signed 4/19/45	



Registrat

Address

M. D. or other

	Keg. Dist. No.	
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of		
State maryland c	ounty Presce &	eorge
City or town(If_outside city or town limits,	write RURAL NEAR and give	ard No
Street No. Rugge Rd. (If rural give	estended re LOCATION)	
2(c) IF YETERAN, NAME WAR		
	3. (b) Social Security	Number
	205-05-7	769
MEDICAL C	ERTIFICATION	
20. DATE OF DEATH afril	25 19 4	5 at / 1.4%
21. I CERTIFY that death occurred on the dale a	bove stated; that I attended dece	ased from
4-/8	5 to 4.72	19 75,
and that I last saw h_1_222alive on4	-24-45	19
Immediate cause of death . 2000	ardial	DURATION
Parkure ()		6 day
Due to Semble		
7		
Due to		
Dither conditions		
Other conditions		
(Include pregnancy within	3 months of desth)	DIIVOTOLAN
Major findings:		PHYSICIAN
Df operations		. Piease underlin
		death should be charged statisti-
D1 autopsy		cally.
22. VIOLENCE: If death was due to external c	auses fill in the following:	
Accident, suicide, or homicide	Bate of	
Where did injury occur?		
(City or town		(State)
Injured at home, farm, industry, public place		
Means of Injury	injured at work?	
d. 0-12 201	2 2	20
23. SIGNATURE	Mem 1.	3

A15

28

(Date rec'd by registrar)

APR 30 1945 BUREAU V.S.

CERTIFI	CATE OF DEATH Reg. Dist. No. 2 7.2
1. PLACE OF DEATH: County City or town limits, write RURAL and give nearest tow How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn (Dants give residence of mother) State County City or town (If outside city or toyn mits, well all there and give negrest town)
How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	Street No. 17 851 - Brouch (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME alverter man	Q Wolcon 3. (b) Social Security Number
4. Sex 5. Golor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 24, 1945, at
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day hrs. 9. Birthplace (Town, founty, and state)	Immediate cause of death DURATIO
10. Usual occupation	Due to
13. Birthplace 14. Maiden name alver to slevely 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Do Data thereof (dry) (ye	Antopsy results. PHYS1CIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, illi in the following: Accident, suicide, or homicided.
Cemetery or crematory Location 18. Funeral director	Where did injury occurs (County) (Seato) Injured at home, farm, industry, public place (where?) All Manual Large (Where?)
Address J.	M. D. of Other gristrar Address Address Address

RECEIVED

MAY 16 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

CERTIFICATE OF DEATH

(14141) Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
County of lines Hongle	State Mayland County Rune Glanger	
Cily er town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? The Manual Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)	
Eughne Alland Manageral Hagetal	Street No. 3 6 0 2 All PARA St. (If rural, give LOCATION)	
How long in hospital or institution? 24 hauras	2.(a) tf yeleran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Floor Ma Ma Burar of	os (o) soems seems stander	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Sinder	20. DATE DF DEATH. 4-7- 19 45 21 930. M	
	20. DATE DF DEATH	
6.(b) Name of husband or wife	7112 2 19 45 to Page 17 19 45	
7. Birth date of	and that t tast saw h . allve on	
deceased (mo., day, yr.) March 2, 1995 8. AGE: Years Months Days If less than one day	Immediate cause of death	
	Growthis Summing Bolay	
9. Birthplace airedale Prince Haylon M. (Yowa, county, und state)	Due to	
10. Usual occupation.	Due to.	
11. Industry or business	DUE 10	
12. Name Thatter (none) markings!	Biher conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Alexander Viningiaska Callingtatan. 15. Birthplace Hashington B. G.		
15. Birthplace Heshington B. C.	Mujor findings of operatious	
16. Informant It after m. ankistand	Autopsy results Prunnouna	
Address, 3 6 0 2 Sheeshard St. W. Ganie M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17	Accident, suicide, or homicide	
Cemetery or crematory. Ever green	Where did injury occur?	
Location Bladen Soury med	tnjured at home, farm, tndustry, public place (where?)	
18. Funeral director. "F. La sall's Sare	Means of Injury tnjured at work?	
Address Flyalls is ole and	2111 mal 1	
	23. SIGHATURE M. D. or other	
19. (Day registrar) 19. Hegistrar	Address / werdal md Date signed 4-9-45.	

PARTIADO STATE DEPARMENT OF MALESE
CHRISTIFICATE OF DEATH

APR 24 1945 BURRAU V.S. CHANGE OF BRANCH CON DISCOURT

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

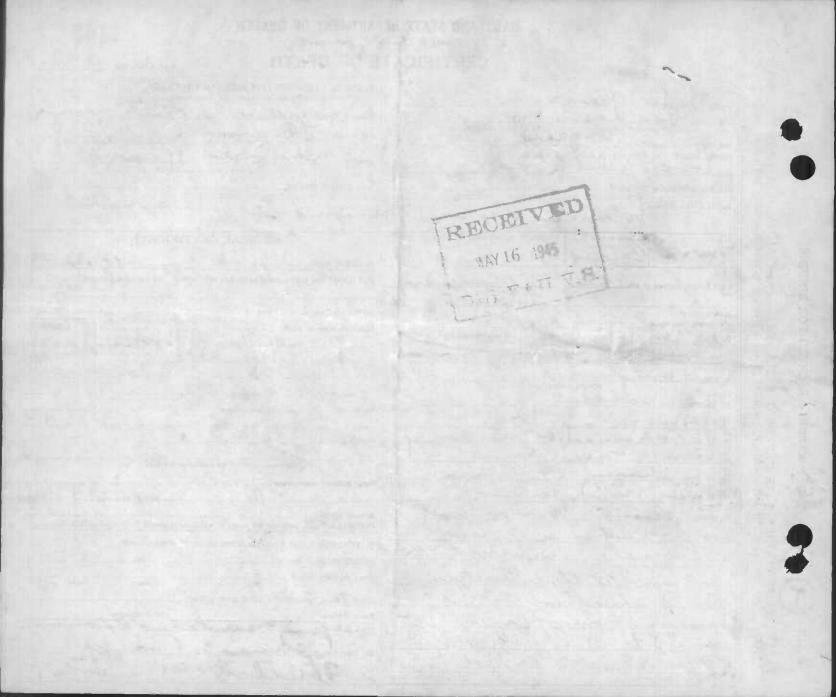
Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants giggresidence of mother)	
City or fown 12 restroad	State County J. Teage	
(If outside city or town limits, write RURAL and give nearght town)	City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	Street N 3 8 12 Grunny	
	(If rural, give LOCATION)	
How long in hospitat or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	rer	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
J Married	20. DATE DF DEATH 4 19 4 5 at 10 15 P M	
6. (b) Name of husband or wife Louis J. Raurer	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
7. Sirth date of	and that I last saw h	
deceased (mo., day, yr.) Ill - 73-1898	Immediate cause of death DURATION	
8. AGE: Years Months Days If less than one day	Her yest and Cordin Vocales	
mln.	Proce (uslignot typotomics) 3 years	
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation		
11. industry or business	Due fo	
12. Name Srephrend 13. Sirthplace	Dther conditions	
Z 13. Birthplace	(Include pregnancy within 3 months of death)	
14. Maiden name		
15. Birthplace sundraces	Major findings of operations	
16. Informant & Delies R. Maurer	Louis R. Maurer A Autopsy results.	
Address 3872 Quincy DV. Arecetyood ned	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Beriel Date thereof 4 7 - + Y	22. VIOLENCE: If death was due to external causes, filt in the following;	
(Burial, eremation of removal Which?) (month) (day) (xear)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location AUDIN G	Injured at home, farm, industry, public place (where?)	
18. Funeral director. WW Chances Co.	Means of Injury Injured at work?	
Address Giverdale, M. L.	23. SIGNATURE MESSELLEY L. D.	
10 april 5 10 45 James Severe	M. D. or other	
(Date ree'd by registrar) Registrar	Address let Rame und Date signed 4 - 4 . 4 . 5	

APR 24 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (131-0) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: county Janes Georg How long in above place of death? How year outside city or town limits, write RLURAL and give nearest town) Hospital, Institution, or street address where death occurred (If rural, give LOCATION) information Now long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number of 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION of causes RESERVED FOR BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Supply Days If less than one day 8. AGE: 9. Birthplace ADING HA (Town, county, and state) 11. Industry or business (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burial, cremation, or removal. Which?) (month) (day) (year) Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Means of Injury Registrar

(County)



MARGIN RESERVED FOR BINDING

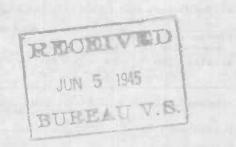
PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICA	IE OF DEATH Reg. Dist. No.	a TU:
,	ce George's			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
How long in above place	of death? 2 mos	5., 11	Maryland URAL and give nearest town) days	State De Ce County	
How long in hospital or	n Dale San	atoriu	<u>m</u>	Sireet No. 1225 - 28th St. N. Wa. (If rnral, give LOCATION)	
3. (a) FULL NAME			_	2.(a) If veleran, name war	
4. Sex	5. Color or race	6.(a)Single.	GHT EVEL	MEDICAL CERTIFICATION	
Female	Colored	Wi	dowed	2D. DATE OF DEATH. QJP 30, 19 17	5. 830 AM
			night (dec.) If allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended d	19.45
7. Birth date of deceased (mo., day, yr	Mars 7.7		r is allies, give age	and that I last saw h. Ca. alive on	
8. AGE: Years	Months	Days 15	If less than one dayhrsmin.	Immediate cause of death	DURATION
9. BirthplaceBi			h Carolina	Due to	
10. Usual occupation	nousewil	8		Due to	*****
E			th Carolina	Dther conditions	
Emma Prescott 14. Maiden name. Emma Prescott 15. Birthplace Bishotville, South Carolina				(Incinde pregnancy within 8 months of death) Major findings of operations	
16. Informant Decedent				Antopsy results	
17 Removal to (Burial, cremation, or removal, Which?) Date thereof Cyn. 30 1949 (Tooth) (day) (year)				22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	******************************
Cometery or crematory. Location Washington D.C.				Where did injury occur?	(State)
16. Funeral director houses Thomas March M. W.				Da:08 D.	m D
19. Alt 30 19 45 Rowland & Philip Registrar				23. SIGNATURE DALE THAT Date sign	D. or other ed 4/30/45



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04144

Reg. Dist. No. 243

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Prince George's	
City or town (rural) Glenn Dale Maryland (If ontside city or town limits, write RURAL and give nearest town)	State De Ce County Washington
How long in above place of death? 10 mos., 28 days	City or town
Hospital, Institution, or street address where death occurred: Glenn Date Sanatorium	Street No. 2301 N. St. N. W.
Great Date Sanatorrum	(If rural, give LOCATION)
How long in hospital or institution? 10 mos 28 days	2.(a) If veteran, name war. World War I.
3. (a) FULL NAME	3. (b) Social Security Number
WILLHAM. MINOR	578-20-8735
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	2D. DATE OF DEATH. april 19 the 19 45 at / F M
6.(b) Name of husband or wife. Rosetta Minor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(v) Name of Habana of Wile-	Mars 22 1844, 10 apr 19th 18 45
7. Birth date of	and that I last sow him alive on april 15 to 19 14.5
deceased (mo., day. yr.) April 7, 1891	Impediate cause of death
8. AGE: Years Months Days If less than one day	impediate cause of death
54 - 12hrsmin.	Villumare Ilbercelous 11 mos
9. Birihplace Caroline, Virginia (Town, county, and state)	Due to
Ionitan	
A	Due to
11. Industry or business	
12. Name Nathan Minor Later Virginia	Dither conditions
∑ 13. Birthplace Virginia	
# 14 Maiden game Ann Spencer	(Include pregnancy within 3 months of death)
14. Malden name Ann Spencer Virginia 15. Birthplace	Major findings of operations.
🖹 15. Birthplace	Date of op
16. Informant Decedent	Aotopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address O + O + O + O + O + O + O + O + O + O	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (Jear)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemotery or crematory	Where did injury occur?
Location Washington, D.C.	Injured at home, farm, Industry, public place (where?)
MIE Darvie	Means of Injury Injured at work?
18. Funeral director	0.000.
Address 1432 yourst. 11.W.	23. SIGNATURE & ancel Leo Finicare MD
aux 19 45 Rowland S. Philips	M. D. or other
(Date rel'd by registrar)	Address of law Lake Mol Date signed 419146

RECEDVED MAY 4 1945 BUREAU V.S.

04145

CERTIFICATE OF DEATH

Date signed 4 - 15-45

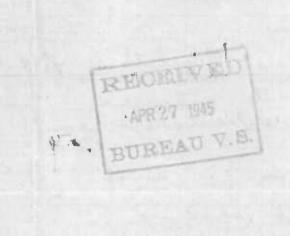
	Neg. Ditt. 110. Manifestang
1. PLASE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State marland County Price George
City or town	Charles ale
How long in above place of death? .1.5 Hospital, institution, or street address where the coursed:	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(σ) If veteran, name war
3.(a) FULL NAME	
margaret Clerabeth Any	pe morgan 3. (b) Social Security Number
4. Sex Scolor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
fluide white married.	20. DATE OF DEATH. Ohal 15 1945 1945
8. (b) Name of husband or wife William B Margan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Unknown B. AGE: Years Months Days If less than one day	Immediate cause of death
73-	bremo
min	
9. Birthpiace (Town, county, and state)	Due to Caracta Products
1B. Usual occupation Housewile	remail diserve
11. Industry or business (A A	Due to
W	
12. Name	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name A A A A A A A A A A A A A A A A A A A	Major findings of operations.
El 15. Birthplace	
18. Informant W. Allegarda M. Maria	Antopsy results
Address Occahul, my	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof april 18-194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Assembly OC.	injured at home, farm, industry, public place (where?)
16. Funeral director Thomas To Marray	Means of injury Trijured at work?
Address 2 A & 7 - Mobiles are It. 1	reput medical channe
all a previous of the state of	23. SIGNATURE CLASSICOLO TO SOME
19 Care ree'd by registrar) (Bate ree'd by registrar) Registrar	Address (Far as tall had not alread 4 = 15 - 40
Registral	1) ADDIESS I III I III I III I III I III I III I I

Address..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The colvect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



correct age

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04146

1. PLACE OF DEATH:				(For newborn Infants give residence	of mother)	
County Prince George's				D O		
City or town (mural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)			Maryland	State	County	***************************************
				City or town	City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?. 1 mo., 27 days Hospital, Institution, or street address where death occurred:			uay B	(If outside city or town li	mits, write RURAL and give nea	rest town)
Glenn Do	To Sanator	าราการาการาการาการาการาการาการาการาการา	•	Street No. 4547 Lane Pla	CO N. L.	
Grein re	AG PAHANYA		V7 - 3	11	give LOCATION)	/
How long in hospital or	Institution?	MO. a. p	27 days	2.(a) If veleran, name war		¥
3. (a) FULL NAME			A A		3. (b) Social Security	Number
	.) [E. ANN	ETTEMO	RROW	577-32-	-0556
4, Sex	5. Color or race		, married, widowed, or divorced		CERTIFICATION	~,,,
Female	Colored		Married		0 2 1	- man A
remare	OOTOL GO		Mailled	20. DATE DF DEATH	Upr. 6 1945	at 5: 3/4 M
	Benr	nie Mon	PON	21. I CERTIFY that death occurred on the date	above stated; that I attended decea	ased from
B.(b) Name of husband	VI HILD		***************************************	Jeb. 20.		
7. Birth date of	***************************************	B.(c) If alive, give age33years	and that I last saw h_&M_alive on		
deceased (mo., day, yr		per 12,	1914			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	T- Van - Dadik	DURATION
30	6	4	tu mts	Pulmonary	Leconcorders	2/2 mo
			hrsmln.			
9. SirthplaceCh	arlotte. N	Worth (Carolina	Due to		

10. Usual occupation	Waitres	5 <u>S</u>		Busha		
11. fedustry or business				Due to		
					00 001 00 01 10 01 1 11 11 11 11 10 11 10 11 11	*******************************
12 14 1400				Other conditions		***************************************
			Lna	(Include pregnancy within	n 3 months of death)	
14. Malden name Alice Mobley 15. Birthplace South Carolina						
E IV. Marter III				Major findings of operations		
		Caroli			Date of op	
16. Informant Decedent				Autopsy results		***************************************
				PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
Address			01.1:111 10.1	22. VIOLENCE: If death was due to external	causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof. SMA Guerry (month) (day) (year)			of ADMIS DIST	Accident, suicide, or homicide	Date of	
(Burial, cremation, or removal, Which?) (month) (day) (year)						
Cemetery or crematory. W as he have the			Children James	Where did injury occur?(City or tow	vn) (County)	(State)
Lecation O C				injured at home, farm, industry, public place	(where?)	
CL + L				Means of Injury	Injured at work?	
18. Funeral director. Cuthus d' ll orlans			- Houns		0	
Address 4339 Hunt Pl. n.E.			L. 71.6.	0 - 0/	2):	mo
0 10 00000			0 10-00:0:	23. SIGNATURE	o Finicare	or other
19. Upr 6, 1945 Nowlands, Philips			range. Theps		nd Date signed.	## // // million
(Date rec'll by registrar) Registrar			Registrar	Address.		1144



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore gud

CERTIFICATE OF DEATH

04147 Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME 2da Isabelle	2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Hame of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above staled; that I attended deceased from 19.4. and that I last saw h 2 allve on 2 19.4. Immediate cause of death DURATION Due to. Due to. Due to. June 10. Ju
12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informani Address 17. Branch (Burial, cremation, or removal, Which?) Cemetery or cremalory Location 18. Funeral director Address Registrar 19. April 23 19. April 24 19. April 25 1	Dither condillons (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meene of injury Injured al work? 23. SIGNATURE. M. D. or other Address. Address. Address. Address. Address. Date signed 4. 22-4

APR 25 1945 BUREAU V.S.

1	Evidence for change of
age	year of birth of decea
the the	is shown on
, a	FILM NO.G 95 JUN 1
05	1. PLACE OF DEATH:
he	County Adams Office
d leg	City or town (Inoutside city or town limits,
angan	How long in above place of death?
V ver	Hospital, Institution, or street address where death
82	doubtell da

MARYLAND STATE DEPARTMENT OF HEALTH deceased

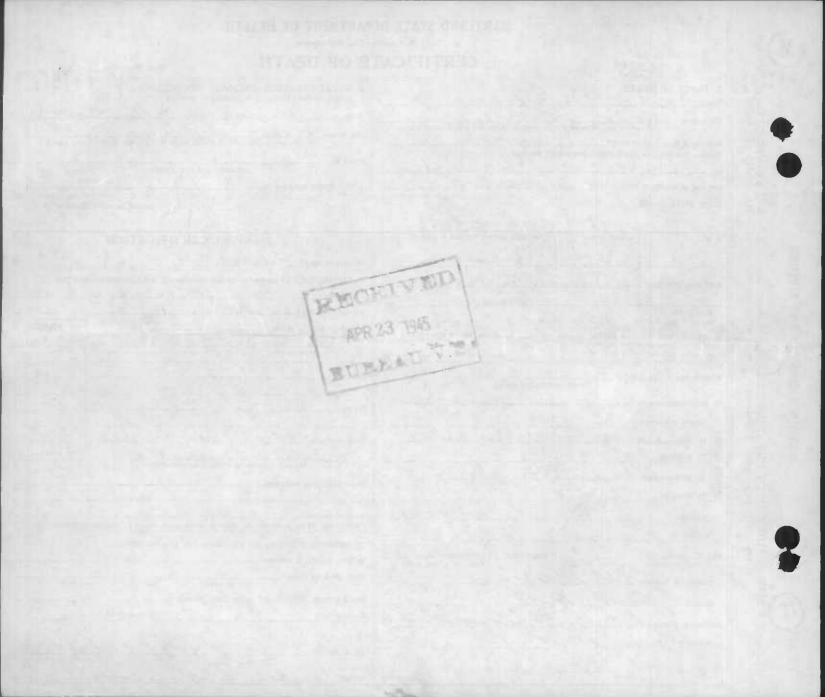
2411 N. Charles St., Baltimore

DURATION

CERTIFICATE OF DEATH	CERT	IFICATE	OF	DEATH
----------------------	------	---------	----	-------

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For sewborn infants give residence of mother) State
l	Street No
l	(If rural, give LOCATION)
ľ	2.(a) If veteran name war

County 1 March 9 Cont 9 Es	(Lor newborn intants give residence of mother)
City or town	State County Alex Hora
How long in above place of death?	(12 outside city or town limits, write RURAL and give nearest town)
Lawrell Danitarum	Street No
How long in hospital or institution? 2 weeks	2.(a) If veteran, name war
Robert Lee Nichols	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Widower	2D. DATE OF CEATH Abrie 16 19.45 at 9
6.(b) Name of husband or wife. Mary a stress	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) areary 70 - + \$6.20	and that I last saw h. 224. allve on
8. AGE: Years Months Days If less than one day 7	Immediate cause of death DUR
9. Birthpiace Lucal Tauxel Tence Longe M. (Town, county, and state)	Raye to.
10. Usual occupation Carpenda Small falsoner	Due f0
11. Industry or business	A
12. Name Acholes 13. Birtholace	Other conditions of Congressions, the hand 42
14. Maiden name Stanbeth Anne Aday Ly 15. Birthplace Dodd	(Include pregnancy within 8 months of death) Major findings of operations.
S 15. Birthplace	Date of op.
16. Interment And lichala, fr. (Sou)	Autopsy results
Address Havage Irage	
(Burial, cremation, or remover, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location David	Injured at homo, farm, Industry, public place (where?)
18. Funeral directors.	Means of Injury Injured at work?
Address James, Mrg.	2 (Meman)
19. Opt 18 1945 M. Beasless Registrar	Address Address M. D. or other



WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 161-6)

CERTIFICATE OF DEATH

(14141) Reg. Dist. No. 275

1. PLACE OF DEATH: County June Glanger	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
2: - 1-00	State Mashington , N. 6 - County
(If outside city or town limits, write RURAL and give nearest town)	City or town Machington &6.
How long in above place of death? All Manager Street address where death occurred;	(If outside city of town limits, write RURAL and give nearest town)
Engline Leland Memorial Hosp.	Street No. 2 7 (If rural, give LOCATION)
How long in hospital or institution? It house 55 min	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Unnamed Balu Boy PAI	INE
4. Sex 5. Color or race S(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH. 4-18-19.4.5 et 59. N
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended decoesed from
	4-17-1945-to 4-18-1845
7. Birth date of 4-17-45	and that I last saw h. x 237 alive on 4-12
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death. DURATION
8. AGE: 10815 MINIS 55 MI	Busine So New Moth with 1 day
0.0000	fresh General and Realisment
8. Birthplace That dale (Town, county, and state)	Due to.
	90.0
1D. Usual occupation	Due to
11. Industry or business	
12. Name Matter Game 13. Birthplace & Rolland Chip	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Ithrus Blung, fisher	Major findings of operations
\$ 15. Birthplace In agen Certy Allers	Date of op.
18. Informant Maller	Antopsy results. So.
Address 3647 30 th St. S. & Wash. D. 6.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
To main 1 11-19-45	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cometery or crematory	Where did injury occur?
Location Bladensburg, Ind	Injured et home, farm, industry, public place (where?)
F Hashill Can	Means of Injury tajured at work?
18. Funeral director	
Address Hy allavelle, ma.	- 23 SIGNATURE Clarence L Tinda
10 april 19 1945 James Sarry	M. D. or other
(Date rec'd by registrar) Registr	ar Addres Osland Menaul Cop : Date signed 4-18-45

APR 24 1945 BUREAU V.E.

WRITE PLAINLY, WITH UNFADING INF. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1670

CERTIFICATE OF DEATH

(14151) Reg. Dist. No. 243

1. PLACE OF BEATH: County Series	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents given sidence of mother)
City of town. (14 offside city or town limits, write RURAL and give nearest town)	State Maryland County During State
How long in above place of death?	City or town
Hospital, instilution, or street address where death occurred;	Street No.
How long In hospital or institution?	(If rural, give LOCATION)
anuaned Bah	y talmer
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 40
mole white 5	2D. DATE OF DEATH
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
© (e) if all to give age week	19.45 10
7. Birth date of deceased (mo., day, yr.) 3 - 3/- 48	and that I last saw h 1999, alive on 1999, and the Duration
8. AGE: Years Months Days If tess than one day	Administration of the state of
19hrsmin.	company and the
9. Birthplace	Due to
1D, Usual occupation	Due to.
11. Industry or business	910 10-
12. Name Earl Falmer	Diher conditions
12. Name	
S 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Include pregnancy within 3 months of death)
15. Birthplace Line	Major findings of operations
16. Interment Huy Tal Resards	Antoney results atelestaria
Address O	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Harrish Rote therent 4-11-45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burful, cremation, or removal Which?) (Burful, cremation, or removal Which?) (day) (day) (day)	Accident, suicide, or homicide
Cometery or crematory T. Mullellus allely	Where did injury occur? (City or town) (County) (State)
Location AND	Injured at home, farm, Industry, public place (where?)
18. Funeral director AND Chambles G	Means of Injury Injured at work?
Address Twierlelle - well	LID Malin mx
april 11 "45 Janus Serres"	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Kwerdale, my Date signed 4-10-45

APR 24 1945 BUREAU V.S. carefully.

important.

PLEASE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn iffants give residence of mother) (If outside city or town limits, write CURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.. 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(a) Single, married, wi 4. Sex MEDICAL CERTIFICATION 20. DATE OF DEATH. 6.(b) Name of husband or wife 6.(c) If allve, give age, 7. Birth date of deceased (mo., day, yr.) Immediate cause of death Car Linomutosia 8. AGE: andioval war renal Carcinoma of utares 9 months (Town, county, and state) Carcinoma of right breast 10 months 1D. Usual occupation: 11. Industry or business 13. Birtholace (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Date thereof... Accident, suicide, or homicide..... (month) (day) (year) Where did Injury occur? (City or town) (County) (State) Injured al home, farm, Industry, public place (where?) Location Injured at work? Means of Injury 23. SIGNATURE. EN VIVE, M. D. or ot



Carrinova et 44, 41 . 11 man.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

04152

Reg. Dist. No. 23/

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Real, mis maluena	
Lewale Scolor or race 8.(a) Single, married, widowed, or divorced race race	MEDICAL CERTIFICATION 20. DATE OF DEATH. 4-27-45 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45-, to 4.27. 19.45. and that I last saw h
deceased (mo., day, yr.) Sept. 2 - 1900	Immediate cause of death Chronic Lymphatic Jestherna
8. Birthplace (Town, codnty, and state) 10. Usual occupation	Due to
12, Name Frank Yanda 13. Birthplace austris	Other conditions
14. Malden name gissels Surrangery.	Major findings of operations
16. Informati Mr. Freetan Reel	Autopsy results
(Burial, cremation, or removal Which?) Date thereof Spril 30. 1944 (ppnth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Location Suttland Maryland	Where did injury occur?
18. Funeral director. F. Basche Gons. Address Styatteville Ind.	Means of Injury Injured at work?
19. 4/29 19.45 amanda Alunda (Dite rec'd by registrar)	23. SIGNATURE M. D. or other Address Offage Offa New Date signed 4-2.7-45-



PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-8

04153

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATED	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother)
County	2- 1/20 /7 2
City or town	State County County
Now long in above place of death?	City or town Sellowell (If gutside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	Philas to B
	Street No. (If rural, give LOCATION)
Now long in hospital or institution?	
	2.(a) If reteran, name war.
3.(a) FULL NAME Frank & Neurolds	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male Wa married	2D. DATE OF DEATH. PM2. 23 1945 21920PM
to blick Terrelds	21. I CERJIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	19 LK to a Marie 2 3 19 LK
6.(c) If allve, give age years	91. 95
7. Birth date of deceased (mo., day, yr.) aleg - 3- 1874	and that I last saw h have alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
70 hrsmin.	fulling the book the book of the book to be 3 De hors willed
9. Birtholace newyonc	Due to Caronary Inranifosis 14 Mints
(Town, county and state)	
10. Usual occupation Comments	
11. Industry or business	Due to
	What Could the Many
12. Name Vegrolds 13. Birthplace Newson	Diner conditions
	(Include pregnancy within 8 months of death)
14. Malden name Sukusawa 15. Birthplace 7 000 Sukusawa	Major findings of operations.
\$ 15. Birthplace on Muryon	
tolke Reunal do	
1B. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Degree M.	22 VIOLENCE, If death was due to external source fill in the following:
(Burial, cremation, or removal. Which?) Date thereof 4-2-4-7 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory II. Rursus Cemelly	Where did injury occur?
Location Wash all	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Wellacubers G	Means of Injury Injured at work?
Address Riverdale neel	23. SIGNATURE SILVER TO BE SELLA MAS.
10 AARIL 234 1040 JOhn Domith	M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

04154

Reg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Curry State	State mil County by George
City or form	4 1 1 1
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Street No.
How long In hospital or Institution? 48 min	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veleran, name war.
The day was	3. (b) Social Security Number
5. Color or (ace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male with sind	10 Mail 100 1 45 1020 14
more popular stage.	
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from , the 4.42 a m a format to 10, 10, 30 a m april 10 at 5
7. Birth date of	s and that t last saw h
deceased (mo., day, yr.)	Immediate cause of death Horido liers DURATION
8. AGE: Years Months Days If less than one day	a did sid sid sid sid sid
9. Birthplace Crence Long Co. Chescrey ma	. Due to Heredo lues.
V 4 0 - 4 . 2	
10. Usuat occupation	Due to alirial and natinal
11. Industry or business	Nid-whie - Door
12. Hame	Biher conditions which a square food (reals).
Z 13. Birthplace	(Include pregnancy within 8 menths of death)
14. Maiden namely feth Attaffer 15. Birthplace Va	Major findings of operations
15. Birthplace	Date of op.
16. Information mother Chalith Redgerray	Autopsy results.
Address Landonev. Inf	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bural Date thereof	22. VIOLENCE: If death was due to external causes, fill, in the following: Accident, suicide, or homicide
17. Oate fhereof (month) (day) (year)	
Cemetery or crematory	Where dld Injury occur?
Location acceled out - Verrige Garges	Injured at home, farm, Industry, public place (where?)
18. Funeral director, R. Mulyley Selby	Means of Injury Injured at work?
Address facerel and	Of a Company MT
11/9 165 12 0 00	23. SIGNATURE CONTROL
19. T/ (Date rec'd by registrar) / Registrar	Address Mt. Ramies md. Bate sports. 7/45

RECEIVED

APRZO 1945

BUMBAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

CERTIFICATE OF DEATH

04155

werldle med Date signed 4

			2	6
Reg.	Dist.	No.		.6

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County Sunce Glanged	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	County County County County City or town City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How Jong In hospital or Institution? The Mary	2.(a) If veteran, name war
3. (a) FULL NAME Theodore Mesander Sellman	3. (b) Social Security Number
4. Sex 5. Color or race / 6.(a) Single, married, widowed, or divorced Mule Thute Mariet	MEDICAL CERTIFICATION 20. DATE DF OFATH 4-39-19-45, at 3 9 M
6.(3) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 45., to 19. 45. and that I last saw h
8. AGE: Years Months Cays If less than one day 18 18 18 18 18 18 18 1	Immediate cause of death OURATION
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to Due to
11. Industry or business	DUE 10.
12. Name Library 13. Birthplace Montagement 2.	Other conditions (Include pregnancy within 3 months of death)
15. Birthplace mostly and to med.	Major findings of operations
16. Informant	Autopsy results
Address 17. Burlal, cremation, or remoyal. Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Beltsville md	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director Dascha - sons	Means of injury Injured at work?
Address Syattoville Ind	23. SIGNATURE 2-W Malle MX
19 April 36 1945 Janes Beley (Bate rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Ruerhal Med Date signed 4 7 9 1



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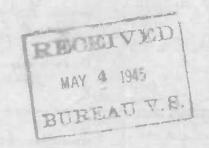
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BFa

CERTIFICATE OF DEATH

04156_

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of movie)
County	
City or town	State County County
How long In above place of death? 4 Months	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death percented:	Street No. alins House Roan
alms House 1 (oad	(lf rural, give LOCATION)
How fong In hospitat or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Welliam Henry Ami	th
4. Sex 5. Color or race 6.(α) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
male Caloud married	aba' 0 30 45 3181.
10/1-1	20. DATE OF DEATH
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.)	snd that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
6/hrsmin.	Jarlyn ?
harland	Bue Carlorocales
9. Stripplace(Town, county, and atate)	0000 A & dep 0000
10. Usual occupation. La Core	Que to
11. Industry or business	DUE 10
E 12 Name anthony Anth	Other conditions
12. Name anthony American	Guidi Chuntunis
	(Include pregnancy within 3 months of death)
14. Maiden name wastlb Smith	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant	Autopsy results.
Address Frestvelle has	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bushaul man man 3 45	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (anonyh) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory It dufes	Where did injury occur?
Location Develocions, ship	Injured at home, farm, Industry, public place (where?)
BURGARIA	Means of Injury Injurgant work?
18. Funeral director	Webuty hedred your
Address / The Transfer Control	
	23 SIGNATURE CO Fairel
19. (Date ree'd by registrar) (Date ree'd by registrar) (Registrar	23. SIGNATURE. M. D. or other Address. ** ** ** ** ** ** ** ** ** ** ** ** **



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04157

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 year, 9 days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium	State D. C. County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. 4/37 A. Street S. E. (If rural, give LOCATION)
How long in hospital or institution? 1 year, 9 days	2.(a) if veteran, name war.
3.(a) FULL NAME. William S. Smith	3. (b) Social Security Number 577-26-8104
4. See 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH. 18 19 18 21 8 10 PM
6.(6) Nama of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 194 10 7 1945 and that I last saw h
deceased (ma., day, yr.) March 11, 1924	Immediate cause of death
8. AGE: Years Months Days / If less than one day	Tuberculous Laurys 38 mo.
21 - 26hrsmln.	Thumbris Whan, ix 1 may
8. Birthplace Bethel, North Carolina (Town, county, and state)	Due to Tubuculoris 8 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
12. Usual occupation. Unemployed	
	Due to
11. Industry or business —	
	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Hattie Singletary 15. Birthplace North Carolina	Major findings of operations
2 15. Birtholace North Carolina	Date of op.
16. informant Decedent	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Of CI. CIAV5	22. VIOLENCE: If death was due to external casses, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Washington, D.C.	Injured at home, farm, industry, public place (where?)
18. Funeral director Henry & Washington rooms	Means of Injury tojured at work?
Address 467-81 Still Mr.	Daviel los Dingero mo
18. Aur 7 19.45 Rowlands, Philips (Date rec'd by registrar) (Date rec'd by registrar)	Address Slam Dale MA D. prother Address Slam Dale MA D. bale signed 4.7.45

BUREAU V.S.

important.

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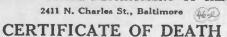
(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

carefully

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) County Prince George (if outside elty or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death?..... Hospital, Institution, or street address where death occurred: 6413 Queens Chapel Rd. (If rural, give LOCATION) How long to hospital or institution?..... 2.(g) It veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number William P.SPIRE 5. Color or race b. (a) Single, married, widowed, or divorced 4. Ser MEDICAL CERTIFICATION White Married Male / 1941 - at 3:30 /1. M B. (b) Name of hubband or wife Katherine E. Spire 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 4 5 10 Chief 1)years 7. Birth date of Sept..7th.,1885 deceased (mo., day, yr.) DURATION Immediate cause of death 8. AGE: Years If less than one day 59 9. Birthplace..... (Town, county, and state) Pharmacist 10. Usual occupation... 11. Industry or business 12. Name...... 13. Birthplace George M.Spire M.Y. (Include pregnancy within 8 months of death) 14. Malden nar 15. Birthplace Emma Denman Major findings of operations..... 16. Informant Dr. Richard I Spire PHYSICIAN: Please underline the cause to which death should he charged statistically. 4300 Blagden Ave. N.W 22. VIOLENCE: If death was due to external causes, fill in the toilowing; 17. Support (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemetery or crematory (County) Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 18. Funeral director. 23. SIGNATURE M. D. or other

Registrar

RECEIVED SUPPLUTY.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164-0

CERTIFICATE OF DEATH

04159

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Reg.	Dist.	No.		0	T	

	Neg. Dist. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Truce George	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or fown limits, write RUBAL and give nearest town)
Hospital, Institution, or street Adress where death occurred	78. CA - League an Frank
7 800 Jungston Foag	(Ifrural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mortha Bock It	erkey
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	20. DATE OF DEATH. A Soul 1944 21 300 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19to
7. Birth date of	and thet I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
39 3 0hremin.	Hegrania
	and the same of th
9. Birihpiace (Town, county, and state)	Due to.
10. Usual occupation Houseurs	There are overous.
11. Industry or business Azen Howe	Due 14
	a clex has a still as I
12. Name Joel (Joek)	Other conditions I the Condition I th
	(Include preghancy within a months of death)
14. Maiden name Deader 15. Birthplace Qer	Major findings of operations
\$ 15. Birthplace Olympia	Date of op.
16. Informant arthur white couls	Autopsy results. as above
Address 7 7.50 Firmuster Road, Adesia	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2 . 0 Chril H 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (doy) (year)	Accident, suicide, or homicide
Cemetery or crematory at Johne	Where did injury occur? (City or town) (County) (State)
Location Broad Ereck Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director Llomos murray	Meane of Injury Injured at work? W
Address 2007 Tueholas arg R. E. Wach LOC	plessenty medical frague
Agoress / Contract of Contract	23. SIGNATURE
19 affect 1845 House & Jack	M. D. Jor other

APR 27 1945 BUREAU V.S.

VS A15

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A.	l.	}
	V	W

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Blo)

04160

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF SEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For how for integral give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME John Westley	Stevenson 3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divarded	MEDICAL CERTIFICATION
mule colored married	20. DATE OF BEACH 19 46, 21 2 PM
6.(b) Name of husband or wife nung C. Slesenge	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 6.8 years	
7. Birth date of	and that I last saw helive on
deceased (mo., day, yr.) 8. AGE Years Months Days If less than one day	Immediate cause of death DURATION
67 4 29 hrs. 4 mg.	beast Jailachl
9. Birthplace. Upfor must boro had	Bue to Castlling as circles
10. Usual occupation. Labor	Due to
11. Industry or business	
12. Name Sevenson 13. Ruthprace	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name allen Sleward 15. Birthplace	Major findings of operations.
E 15. Birthplace	Date of op.
16. Informant Mary Co. Saley Co.	Autopsy results
Address Miptil Marchall F10114	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereo (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory My Cemetary	Where did injury occur? (City or town) (County) (State)
Location Appel multiple mo	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury injury al work? Le secole medical farmer
Address Commission of the	23. SIGHATURE M. D. Sother
19. (Date red'd by registrar) Registrar	17. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

MAY 2 1945 BUREAU V.S.

3. (b) Social Security Number

2411 N. Charles St., Baltimore

Registrar

	CERTIFICATE	OF	DEATH
T. PLACE OF DEATH: Low Co	2.		L RESIDENCE (

Af attorille Ind (If gotside city or town house, write RURAL gold give nearest town)

(Ear newborninfants give residence of mother)	2.	USUAL	RESIDENCE	(HOME)	OF	DECEASED	:	
State had county Gro les ce		(For n	ewborninfants	give residence	of m	other)	els.	00
	Stat	e	rd	***************************************	Саши	y Fro	Les	Ce

City or town (If outside city or town limits, write RURAL and give nearest town)

freet No. (If rural, give LOCATION)

2.(a) If veteran, name war

and the state of the same

How long in above place of death?				
How long in hospital or institution?				
3. (a) FULL NAME	0	lo Fairbank		
	land	as Earrank		
4. Sei 5. Color or race	_	, married, widowed, or divorced		
700-				
6.(b) Name of husband or wife.				
7. Birth date of deceased (mo., day, yr.)) It alive, give age J=2 years		
	Days	If less than one day		
62				
9. Birthplace Ta Frown, or 10. Usual occupation allorne 11. Industry or business General	accon	inting office		
12. Hame Sustaur 13. Birthplace	m,	sylves!		
14. Malden name Connie	a			
18. Informant mrs The	elle	ma		
17. (Burial, cremation, or removal, Which?) Cemetery or crematory	Date there	April 24. 1945		
Cemetery or crematory	man	n ml		
Location Florestor Location Lo	-1:	282		
18. Funeral director	- '01			

MEDICAL	CERTIFICA'	TION
april	22.	415

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20, DATE OF DI	EATH	 19 at
		that I altended deceased from

21. I CERTIFY	that death	occurred	on th	te date	above	stated	; that I	altended	decease	ed trom
					11	13	6	pa	2.7	1_
**************		**********			19		to	na		

340 tust 1 1921 28.4 U	011
Immediate cause of death	Jakes
- IM	

Due to
Due to

(Include pregnancy within 3 months of death)

Major fludings of operations......

Autoney yesulfs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured al home, farm, Industry, public place (where?)

Means of injury Injured at work?

23 SIGNATURE CUM und Harp

14 yells. The 4

M. D. or other 3/ 45-

DURATION

VS A16

PLEASE WRITE PLAINLY, WIT

information carefully. To death clearly and leg

Supply every item of ease write the causes

Physicians:

important.

SERVED FOR BINDING

MARGIN

APR 26 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

The Charles Di., Daithing 30

14162

CERTIFICATE OF DEATH

Rev. Dist. No. 242

(If outside city or town limits, write RURAL and give nearest town)	State County Prince Heara
How long in above place of death?	(If ontside city or fown limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LOUISE DRENDT /A	VLOR NONE
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE OF DEATH Com 8 1945 at 1.50 AM
I D. (O) NAME OF DESIGNED OF WITE AND A CONTROL OF THE CONTROL OF	21. I CERTIFY that death occurred on the date above stated; that I attended degeased from
7. Birth date of	and that I last saw h and alive on And 1947
deceased (mo., day, yr.) 8. AGE: Years Months Oay If less than one day	Immediate cause of death ON DURATION
63 // /7hrsmin.	of orus will melostose 10 year
91	Due to.
10. Usual occupation Carrelle	Due to
11. Industry or business Home	
E 12. Name Orens 1 13. Birthplace German	Other conditions
13. 8irthplace Serve any	(Include pregnancy within 3 months of death)
E 14. Maiden name. 2Lutus.	Major findings of operations.
S 15 Buddelines 1 1 32 A 2	Date of op.
to at the transfer of	Antopsy results
	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
0 1 10 10 11 10 11 1 2	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremators Addition Subject Consultation	Where did injury occur?
Location Sent Delaster & Many	Injured at home, farm, Industry, public place (where?)
18. Funeral director As Da Wire Co Du.	Means of injury injured at work?
Address 2900 m st nw Wash, D. C	Walliam Banis
19 Cepril 9 19 45 - Carrie 7 Campbell (the rec'd by registrar)	Address Capatal Health M. Date signed



MARGIN RESERVED FOR BINDING

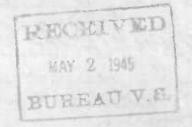
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/-04

CERTIFICATE OF DEATH

()4163 Reg. Dist. No. 232

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of motion)
County	
City or town (Arouside Arouside Arousid	Stale Manyland County Linguistics
How long in above place of death?	City or town town lines write RURAL and give nearest town)
Hospital, Institution, or street address when death occurred:	Street No. Brown Station Coad
Brown Station 11 Jan	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William a. Ver	million Zvorse.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Just white warned	0111
Y 20 0 1 01'	2D, DATE OF DEATH OPUL 23 1845 at 9 - Am
8. (b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	10 40 10 afril 23 10 W
7. Birth date of deceased (mo., day, yr. 221116) 14-1856.	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
89 / la	
	\(\sigma \text{UCS}\)
9. Birthplace (Town county, and state)	Duefig
1B. Usual occupation. Ferrill	
	Distract
11. Industry or business	
12. Name John Wirmellion 13. Birthple Time Chandel Co, Frid.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Anna Armall on man	Major findings of operations
15. Birthplace me asmall Con man	Date of op.
10 warm Mals, Hom. a. Dermillion	Antopsy results.
2011 Gard Malan And	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Markon The Markon The Market	22. VtOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suickle, or homicide
Cemetery or crematory	Where did injury occur?
Fife de les les la	
Location	Injured al home, farm, industry, public place (where?)
18. Funeral director State State Surface	Means of Injury Injured at work?
Address Soly 2 mulloron Snd.	() 8 3-1
(M1875 15 8 D. M1 -H)	23. SIGNATURE. M. Di or other
(Date rec'd by registrar) (Registrar	Address Avestulle my Date signet - 23-45.



VS A15/

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (476)



(4164 Reg. Dist. No. 2 +0

CERTIF	THE A PAR	OT	TO THE A PERSON OF
	1 A 1 L	() La	TAL ATT
CLIVIII	LAIL	OI.	DEALD

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	11 4.
(If outside city or town limits, write RURAL and give nearest town)	State May L County Prive Fing's
0	City or town / Stranclywal /4 F 20
now long in above place of death farming the first the f	(If outside city or tow filmits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Francis Weinelt	none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
As a late of the state of the s	MEDICAL CERTIFICATION
Mall Whill Married	20. BATE OF DEATH. Report 27 19 45 at 7:40 M
8.(b) Name of husband or wife. Anna Genelt	21. I GERTIFY that death occurred on the date above stated; that tattended deceased from
	Jan. 10 1949 1 Chril 22 1945
7. Birth date of	
deceased (mo., day, yr.) I amu arey 17 1880	and that I last saw h. Ass. alive on 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
10/2	Lorgenous Jurysto
63 3 3hrsmin.	WIII metastally to 3 gm.
9. Birthplace Twoman - Germany.	mate Siver & lungs.
(Town, county, and state)	
10. Usual occupation Tarmer	
11. Industry or business fame	Due to.
12. Name Blenello 13. Birthplace Persons	Other conditions 10 70000000000000000000000000000000000
13. Birthplace Ouwary	
# 14. Majden name Ama ?	(Include pregnancy within 3 months of death)
14. Malden name Anna 15. Birthplace Fermany	Major findings of operations.
El 15. Birthplace Germany	Dale of op.
16. Informant Brotha Heenelt	Autopsy results.
11.0 / / //	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Whileday, mg	AND THE PROPERTY OF THE PARTY O
17 Bural Date Thereof 4-26-45	22: VIGLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which2) (month) (day) (year)	Accident, suicide, or nomicide
Cemetery or crematory ST Putus	Where did injury occur?
Marchan mit	
Location	Injured at home, farm, Industry, public placo (where?)
18. Funeral director of the truth of the tru	Means of Injury Injured at work?
Address Muldon mil 1	O P Mare
I won of	23. SIGNATURE Yamps o. Janices
194-23 1945 11/10/104/	All M 11 WCM. D. or other
(Dato rec'd by registrar) Registrar	Address Bate signed 4-22-45



04165

1		Reg. Diat, No.	
1. PLACE OF DEATH: County Process (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
		2.(a) tf veteran, name war	***************************************
	Nellie Eleanar Wiseman	3. (b) Social Secur	
1	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	Tem negro married	20. DATE OF DEATH agared 30 19 1/2	5-at 4 P. M
	8.(b) Name of husband or wife facility Washington S.(c) If alive, give against 17. Birth date of	21. I CERTIFY that death occurred on the date above stated: that lettended to	leceased from
	deceased (mo., day, yr.) 7 mlenove		19
	8. AGE: Years Months Days If less than one day Should be with the state of	min. Paralysis of Colored Decision of Colored	dy Sdays
	9. Birihpiace	- Seconario-	VIAMILAND
-	10. Usuat occupation. A State of the state o	Due to.	
	11. Industry or business 12. Hame. Turkeyout	Other conditions	
	14. Malden name. Multurant	(Include pregnancy within 8 months of death)	
ı	To as a superior of the superi	Major findings of operations	
	16. Informant James Wisemann Address Clinton Wise	Antopsy results	ged statistically.
	(Burial, cremation, or removed, Whigh?) Date (hereof, ponth) (day) (fear)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	200
	Cemetery or crematory	Where did injury occur?(City or town) (County)	(State)
Location Chinton, MA.		Injured at home, farm, Industry, public place (where?)	
1	18. Funeral director. The Market Buthers	Means of Injury tnjured at work?	LA.
20	Address Whire marfly of fra	23. SIGNATURE LANGE Class 1/6	illo
100	(Dato rec'd by registrar)	trar Address Mashingto 1962	no May!

VS A15

MARGIN RESERVED FOR BINDING

MAY 4 1945 BUREAU T, S MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2. F. 2

	ESIDENCE (HOME) OF DECEASED:	
County	D is	
City or town	County County	
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)	
How long in above place or dealnr	7 ovo Central Are.	
7000- Central Any Street No	(If rural, give LOCATION)	
0 (4) 16 mJ mg		
	name war	
3. (a) FULL NAME	3. (b) Social Security Number	
John. Everett Wood.	577-22-4574	
4. Sex 5. Color o: race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
hale white Widdowed	01.0 3 AL 0.3CB	
20, DATE OF DEA	TH april 3 1945 at 9,35P M	
E (b) Name of husband or wife	at death occurred on the date above stated; that I attended deceased from	
	19 4 J to april 3 19 4 J	
7. Sirth date of and that I last s:	aw hand allow on All 3 19 45	
deceased (mo., day, yr.) Charles, 180	of death Cerebury BURATION	
R ACF. Years Months Bays If less than one day	Henrichage 3days.	
6 9hrsmin.		
P J L L Cl. +1 + L	1 A. T. Jan The	
9. Birthplace. Crown, county, and state) Due to.	agrillian will	
7 e Herri Cl. L	Shaliged aslessables	
10. Usual occupation		
11. Industry or business any au Bau		
12. Name Other conditions		
The Court of the C		
	(Include pregnancy within 8 months of death)	
14. Maiden name. Major findings	Major findings of operations	
Di Vil De		
PHYSICIAN- P	lease underline the cause to which death should he charged statistically.	
Address 1501 51 st set, Surfelly, mel	If death was due to external causes, fill in the following:	
Dato thereof (pril 6, 194) 22. VIOLENCE	Accident, suicide, or homicide	
(Burlas, elemation, of lengths. In ment)		
Cemetery or crematory Cladage Chapte Where did injury	(City or town) (County) (State)	
	farm, Industry, public place (where?)	
Location		
18. Funeral director. Jusche 2011	(Martyn or north	
Address Sysatterelle Ind,	7/00° B	
23. SIGNATURE.	William Wann	

APR 18 1945 BUREAU V.B.